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ABSTRACT

Intended for teachers and administrators in special education, the curriculum guide offers information on planning a health education program for emotionally disturbed or learning disabled children at the primary level. Sections preceding the actual guide include information on specific goals of and elements necessary for a successful health education program, the philosophy and implementation of a school health program, and a curriculum overview. Units are presented in outline form for the following topics: nutrition; sensory perception; dental health; health status and disease prevention and control; drugs, alcohol, and tobacco; mental health; family life; consumer, environmental, and public health; and safety and first aid. Each topical unit consists of five basic parts--overview and objectives (a brief orientation to the philosophy regarding the unit), concepts (necessary background material for behavioral change), content outline, learning and evaluative activities, and resources (including books, films, pamphlets, and games). (SB)

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HEALTH EDUCATION FOR SPECIAL CHILDREN

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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BOARD OF COOPERATIVE EDUCATIONAL SERVICES

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Dear Special Educators,

A comprehensive health curriculum is a must in the education of exceptional children. Excepting the three "R's", health is probably the most functional of the skills we can attempt to teach special children. Through coordinated efforts, from the primary level to the high school level, proper habits and attitudes can be developed.

When this curriculum guide is implemented, with the vigor characteristic of the Special Educators in our county, there is no doubt that this guide will help provide improved health education in our county and serve as a source of continuous and sequential health education planning. The teachers, however, who employ the guide in their everyday instruction will give the curriculum its ultimate test.

We appreciate the cooperation and coordination that has taken place to make the health curriculum a vital part of the Special Education program in Cortland County. The format in which the curriculum is presented is most useful and provides many ideas to teach content.

It is only through evaluation by those in the field that enables any curriculum to be fully and successfully implemented. Please feel free to contact us if you have any concerns, questions, or suggestions for improvement of the "Health Education for Special Children." This curriculum is a good beginning, but only a beginning to be refined as dictated by the experience of the teachers who utilize it.

Sincerely yours,

George E. Freebern

George E. Freebern, Director
Special Education

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Forward

Health Education For Special Children is the culmination of workshops funded by the Division of Drug and Health Education and Services, State Education Department, and sponsored by the Cortland-Madison BOCES. It reflects the concerted efforts of many persons. The knowledge and expertise of the individual curriculum developers/writers are most worthy of recognition.

This health curriculum guide for special education students is an outgrowth of the health education guides which were developed during the summer of 1974 for use in regular public school classes within this BOCES district.

The eventual mainstreaming of some handicapped children helped to govern much of the material included. Therefore, the activities in each unit were varied enough to provide for individual differences among pupils. The result has been that the content of the units written specifically for emotionally disturbed or learning disabled children, and educable mentally handicapped children was able to follow quite closely the content of the original guides. References should be made to the original guides, therefore, for additional related activities.

To the writing team's knowledge, this is the first comprehensive curriculum created with the special child in mind. It will provide the teacher with many ideas and resources. However, there is always room for modification and suggestions for improvement, any are welcomed.

Introduction

The specific goals of a health education program can be as many and varied as life itself. However, optimal health is dependent upon the interactions of knowledge, attitudes and behavior. The health education program should establish an approach to concepts, generalizations, understandings, facts, values and applications, basic skills, and decision-making processes which can serve as keys to good physical, mental, social, emotional, and spiritual well-being. All participants in the school health education program, including teachers and administrators as well as students, should be assisted in working towards:

1. Acquiring an understanding of his own physical, mental and social health.
2. Developing responsibility toward his own and community health.
3. Acquiring an understanding that the goals of good health result from individual practices and maintenance of those mental, physical, and social habits selected as desirable and good by society and the individual.
4. Acquiring an appreciation of the value of a healthful life.
5. Encouraging systematic development of individual human potential for health, growth and happiness.

These are certain elements necessary for success of a health education program that cannot be written into a curriculum guide. These essential elements come from within the individuals responsible for implementing and carrying out the program:

1. Commitment on the part of administrators and teaching staff to a belief in the value and potential of health education is most important.
2. In view of the definition of health in terms of its psychological, physiological, sociological aspects, there needs to be, more than in any other curriculum area, a willingness to work together and lend support in setting up and maintaining a good school health education program - one which is prevention-oriented and clearly above and beyond the minimal requirements for drug and health education as delineated in the Rules of the Board of Regents and the Regulations of the Commissioner of Education.
3. It is possible to improve the classroom experiences of health education students through sincere desire by all directly involved to utilize to the greatest advantage appropriate resources (including those of a human nature) and/or other quality teaching aids, materials and devices which are made available.
4. Support for the concept of student participation and involvement in their own learning is a most meaningful part of a sound health education program. Provision should be made for a diversity of learning approaches including extension of learning into multi-community settings.

A Statement on Philosophy of the School Health Program

Health is an integral aspect of every phase of life. Without health man cannot function effectively in his society. Health can, therefore, be considered not only biological, but psychological and sociological well-being as well.

The School Health Program, which includes all functions and services designed to promote the optimum health in each child, is a flexible blueprint aimed at assisting students in developing into independent, responsible adults. It would seem that no one, be it student or adult, can be independent and responsible unless he is equipped with the health necessary to be so; health that is, in part, imparted by knowledge and understanding of the forces which is for this reason that, with the guidance of State legislation and the local Board of Education, the School Health Program endeavors to supplement parental responsibility in this realm. The effective and flexible program must originate with the needs and interests of the individual. From this basis, it should continue to meet the needs of the family, community, nation, and the world...

As a result of imparted knowledge, understandings, and good health habits and attitudes, we would hope to kindle, promote, and help each child achieve a state of physical, social, emotional, intellectual and spiritual well-being that would be conducive to such academic learning as the student was capable of acquiring. In short, we aim at helping the student to "become all he is capable of being." This is based on the assumption that health, not being an end in itself, is a means to an end ---- a happy, fruitful life.

Implementation of a School Health Program

Whatever the organizational plan, the only significant test of its worthwhileness is the effect which it brings to bear on the total educational program or the opportunity which it affords children to learn.

When the School Health Program is being established or adjusted, certain guidelines or basic principles, if adhered to, will help to insure its success. These are as follows.

1. Develop it gradually rather than superimposing it abruptly.
2. Though idealistic in its announced goals, it is realistic in its current performance.
3. It fosters continuous communication between all school staff members.
4. Special facilities are at its disposal.
5. It is interwoven with the instructional program.
6. It brings its services to every student, not just to those in distress.
7. It plays an important role in the school's public relations program.
8. It is constantly engaged in a process of self-examination.
9. It insures a balance in services it offers pupils.

Once the program is ready to be established, there are certain general fundamentals which should be considered in its administration:

1. There should be centralized control to assure efficient and effective functioning of the total program.
2. Adequate budgeting of finances to provide necessary salaries, supplies, and equipment should be carried out.
3. There needs to be proper coordination of various divisions, departments, and areas.
4. Selection of teachers and health specialists should be based on the best qualifications for the particular school and community.
5. Allotment of sufficient time in the school curriculum for the health program to function effectively is a necessity.
6. Definite assignment of duties and responsibilities to teachers, health specialists, and administrative assistants is a must.
7. Organization of a health teaching program should be on a school-wide basis.
8. Consideration of legal provisions, state and local laws, and requirements pertaining to and affecting the School Health Program and pertaining to special children should not be neglected.
9. Provisions should be made for assuring maintenance of the school plant and facilities in a sanitary and hygienic manner.
10. Special measures are necessary to recognize and provide for individual physical, mental, emotional, and social differences of students.
11. Methods and plans for safeguaring the health of teachers, as well as of students, should be an integral part of the plan.
12. There should be constant and thorough evaluation of the total School Health Program.

Curriculum Overview

One area of study which is often lacking for special education students is that of health education.

The overall goal of this curriculum is to assist in developing individuals with the competency to function well in society and the ability to cope with the social, physical, emotional, intellectual, and spiritual dimensions of man. This goal seeks to aid in the discovery of self in relation to others in society and in the world and to implement the concept that decision-making is best where each individual has adequate information and experiences upon which to base his decisions. Decision-making is a cumulative process which results from a growing awareness of self and a growing awareness of the healthful alternatives which the health education process provides.

This guide is a vehicle for preventive education, acknowledging that a primary task of the school is development of positive self-concepts, helping students obtain control over their own lives, and maximizing their health potentialities. It offers a curriculum which helps each individual examine the meaning and value he desires health to have in his life and the life style he envisions necessary to implement his desires and values. It represents curriculum designed to fulfill personal needs and interests based on varied ability levels via being meaningful and relevant to students preparing to live healthful, productive and rewarding lives.

This rationale is based on concepts which provide for increasing levels of information and experiences related to physical, psychological, and social development as grade level increases. There is decreasing breadth, but greater concentration of information and experiences in various areas of health education and maturity levels increase providing a continuous and cumulative effect rather than a disjointed one.

Health Education should:

1. Represent a major part of a life-long educational process.
2. Exist for benefit of all students.
3. Represent a process that begins informally during pre-kindergarten years and continues throughout adulthood.
4. Involve total school/community efforts.
5. By its basic nature, revolve around developing a meaningful, satisfying and healthy life.

This particular guide represents one level of a planned, unified and comprehensive K-12 health education program for special children designed to:

1. Meet the needs of all students.
2. Be sequential, building on developmental tasks at each level.
3. Be flexible in order to facilitate implementation on a county-wide basis.
4. Include objectives and learning experiences for assisting in the decision-making process.
5. Be easily updated, due to its format, via replacement of pages upon their obsolescence.

Each topical area or unit consists of five basic parts:

1. Overview and Objectives
2. Concepts
3. Content Outline
4. Learning and Evaluative Activities
5. Resources

The unit overview gives a brief orientation to the philosophy regarding the unit. The outline of objectives reflects the cognitive, affective and psychomotor domains. They signify specific ways students should be able to think, feel, and act, after completion of the unit of study.

The concepts and supporting content outlines provide necessary background material for behavioral change. Coordinated with these are suggested resources and learning and evaluative activities from which student experiences may be selected in order to promote desired behavioral changes. These resources are not only for students, but also include materials which are too difficult for students' personal use, but valuable for teachers in the preparation of lesson plans.

Included among the resources are films which are usually listed with a reference to their Cortland-Madison BOCES number. To locate the producer/distributor, the teacher should consult the NIGEM Index of Films, which is available in most BOCES buildings or other film centers. Of course, any film or material must be previewed and carefully integrated with classroom activities in order to be of maximum effectiveness.

The curriculum guide contained herein is specifically designed to be descriptive and adaptable in order to allow for variations in school systems, teachers, classes and special education students. The teacher may not be able to expect students with certain disabilities to be able to spell correctly or write explanations, if at all, but by repetition as required the student should be able to learn eventually to pronounce and understand the important vocabulary words. The interaction of content and process in health education should lead to the development of problem-solving behavior which can be used flexibly and in a variety of situations. The goal, therefore, is to move as much as possible beyond fragmented and memorized information to the level where concepts are developed and internalized. To this end the teacher may want to draw upon activities from one unit to reinforce the objectives of another, or to use these activities as a point of departure in devising new ones.

Teachers need to be very flexible and ready to adapt the learning experiences to individual learning capabilities. Some of the students who may read and write very poorly can be expected to be very curious and verbalize fairly well regarding health topics presented.

Certain special education students, such as the educable mentally retarded and the trainable mentally retarded, may have very little ability to transfer learning. Words may have to be explained repeatedly in terms they can understand. Any audio-visual materials employed must be carefully screened prior to use and discussed after use to make certain the pupils understand the vocabulary and concepts presented. Emphasis should be placed on learning major concepts not facts that students won't be able to retain. The teaching techniques and extent or depth of coverage of material is governed to a considerable degree by the types and degree of handicaps of the children involved.

Remember that the mentally handicapped child or adult is not very different from any other human being. First, this individual is a human being, and only secondly does he have a handicap. His basic needs are as great as anyone else's, but his difficulties in learning, relating and coping may be greater. His behavioral manifestations may be inappropriate and because of this so-called negative behavior, his problems are great.

Teaching anything to those with learning problems requires special skills and understanding. Their needs are often more individually demanding; and it is usually more difficult to communicate with them. In preparing this guide, the writers were especially conscious of the tremendous range of special education students' abilities to learn. There are handicapped individuals who are barely distinguishable from the so-called "normal" members of society. And there are those whose handicaps are so extreme that they may never learn to perform simple tasks of self-care such as eating or dressing. The writers of this guide assume that the special education teachers using it already have an understanding of the similarities and differences of their students compared to those students without learning problems. Therefore, any reference to types and/or classifications of handicaps is generally avoided.

NUTRITION

OVERVIEW

Americans are among the fortunate few on earth who have enough of the right kinds of food so that all citizens can have a balanced diet. Unfortunately, a large proportion of the people do not take advantage of this opportunity. Many are ignorant of what constitutes an adequate diet. Others think that since their budget prohibits the buying of large quantities of meat, they must settle for a protein-deficient diet. Some are swayed by misleading advertising on television and radio.

Emotionally disturbed and learning disabled children are particularly vulnerable to the bad eating habits which are wide-spread in this nation. A learning disabled child will find it more difficult than most to analyze the millions of words of commercial advertising which he hears weekly on his favorite programs. An emotionally disturbed child may have strong feelings about food anyway -- he may, for example, be afraid to eat solid food, or certain kinds of food -- and to be surrounded by "junk" foods is to increase the temptation to cheat his body of the nutrients it requires.

The school's major nutritional concern is in the promotion of sound dietary habits. The challenge is to break the traditional boredom of memorizing nutrients and food groups and move in the field of stimulating nutritionally-grounded experiences.

Eating wisely is essential for a happy and healthy life!

OBJECTIVES

Suggested Pupil Outcomes:

1. Demonstrate a knowledge of the relationship of good nutrition, adequate sleep and physical activity to the body's growth and development.

2. Discover and evaluate how behavior while eating can influence body processes in both a negative and positive manner.

3. Demonstrate a knowledge of the basic principles of meal planning.

4. List and describe methods for handling and preserving foods. Demonstrate their application to consumer use.

5. Examine and evaluate the problems of obesity at various age levels.

6. Demonstrate a knowledge of the four basic food groups and categorize the most commonly eaten foods.

MAJOR CONCEPTS

1. Optimal growth is dependent on personal health practices and wise decisions.
2. A variety of food assures good nutrition.
3. Food is used for many reasons and food intake and output is basic to the development of a sound body.
4. Growing regularly is a sign of health.
5. Food is good.
6. All living things need food in order to grow.
7. Some foods may be better for the body than others.
8. Many kinds of food are available from which to select an adequate diet.
9. Certain behavior while eating is important to enjoying and getting the most out of your meals.
10. Keeping food clean is important.
11. Food is kept safe to eat by improved processing methods.
12. Our senses of taste and smell affect our selection of food.
13. Dietary practices are affected by tradition, culture, and ethnic background.
14. Different foods come from a variety of places.
15. The packaging and preservation of food is important to keep them healthful.

CONTENT OUTLINE

I. What is Food?
   A. Need for water and food
   B. How food affects how we feel
   C. Different kinds of foods
   D. Where different foods come from
   E. How traditions, culture and ethnic background affect selection of foods

II. Food is Used for Pleasure
   A. Favorite foods
   B. Food as a part of pleasurable (hapny) situations

III. Food is Used for (Doing Things) Energy
   A. Fuel in order for our bodies to move
   B. Heat production to keep our bodies warm
   C. Needed constantly to replace that consumed

IV. Food is Used for Building
   A. Needed for growth
   B. Growth is at different rates
   C. Cells (building blocks of the body) need food in order tc grow, repair or replace themselves

V. People Eat Many Different Kinds of Food
   A. Different ways of eating different kinds of food in different parts of the world
   B. Choosing what to eat from what is available to us
   C. Eating a variety of different foods
   D. How our senses affect our selection of foods

VI. Importance of Keeping Food Clean
   A. Necessity for handwashing
   B. Using clean eating utensils
   C. Washing raw fruits and vegetables prior to eating
   D. Not sharing same piece of food with other people or pets
   E. Necessity for refrigeration, freezing and improved processing of food

LEARNING AND EVALUATIVE ACTIVITIES

1. Observe growth of seeds and plants in soil; use soil with insufficient nutrients, adequate nutrients and too many nutrients.

2. Place grass seed in a sponge and add water; observe and discuss the results with the class.

3. Make a trip to the farm, pet store or zoo; ask farmer, store or zoo manager about foods the animals eat.

4. Discuss what makes us hungry.

5. Draw pictures of where people eat; home, school, picnics, parties.

6. Discuss the growth of new cells. Observe how a cut or injury heals.

7. Look at onion cells under a microscope. Relate to our body cells. Use charts to show how cells divide.

8. Keep height and weight charts for individual comparison at 3 month intervals.

9. Bring in clothes from last year to try on.

10. Construct a food train made from cartons composed of an engine and four cars. Each car should be designated as one of the basic four food groups. Make models of wide variety of foods and place in appropriate car.

11. Have tasting parties with simple party foods: peanut butter confections, no-bake cookies, fruit jello, etc. Make place mats and decorate tables. Form committees to carry out your party (setting up, serving, clean-up, etc.).

12. Make giant paintings of fruits and vegetables on large paper or cloth sacks. Put holes for arms and head. Use in play or skit to tell class what is liked about each food (or where it came from, when we use it, etc.).

13. Visit a fruit and vegetable stand, meat market, bakery, or dairy store. Follow-up the visit with some of the following evaluative experiences:
    - Make a chart depicting the vegetables that: grow above the ground, grow below the ground; that have leaves; are red, yellow, white, etc.
    - Develop a bulletin board of fruits that grow on bushes, vines, trees.
    - Visit the lunchroom to ask about the different types of bread that are baked for school lunches: corn bread, muffins, baking powder biscuits, yeast rolls, sweet rolls, etc.
    - Make a chart depicting foods which come from animal and poultry sources.
    - Make a chart of fruits and vegetables available in your community. Check those you have learned to eat this year.

14. Have a play store using stand-up pictures or stock with empty cans and boxes. Display different ways you can buy food at the store.

15. Make a "good foods" booklet. Show a variety of foods from the basic four food groups.

16. Make a food chart showing balanced meals from the basic four groups.

17. Make simple food mobiles from construction paper.

18. Collect samples of cereal grains in plastic bags to display on bulletin board.

19. Discuss: Foods good for snacks.

20. Display pictures of the "pleasure foods" and tell when they should be eaten.

21. Show that some foods have more of one nutrient than other foods. Discuss why it is important for us to eat many types of food.

22. Discuss the place of candy and sweet foods in the diet.

23. Visit a dairy to see how milk is pasteurized.

24. Write and illustrate poems or riddles about non-nutritional foods.

25. Discuss how food turns into energy in our bodies. Develop a chart to show how our body needs and uses energy.

26. Make a chart showing the many forms milk can take (ice cream, cottage cheese, etc.).

27. Discuss preparation for meals (washing hands, cooling-off from play activities).

28. Demonstrate proper use of napkin at table. Discuss small bites, eating slowly, elbows on table, cheerful conversation, use of utensils.

29. Draw up list of good eating habits for bulletin board display.

30. Rub cotton on the floor, desks, etc. Examine and discuss eating food dropped on the floor.

31. Show how excitement and rushing relates to nutrition.

32. Observe recess habits of other children and discuss.

33. Make a chart of United Nations countries. Illustrate special foods of each. Show the foods served in the school lunchroom which are related to other countries.
    Bean dishes - Mexico
    Rice - China
    Spaghetti - Italy, etc.

34. Discuss traditional holiday foods (at home and in other countries). Make cranberry sauce for Thanksgiving, chocolate Easter eggs, etc.

35. Do some eating, smelling, tasting, cooking experiments with children to explore new possibilities in food.

36. Make butter, bread, jello, applesauce, peanut butter, granola in the classroom.

37. Serve a good breakfast in the classroom.

38. Make your own placemats for breakfast in art class.

39. Give each child a paper plate and a magazine. Cut out pictures for a good lunch, breakfast or dinner, paste on plate, add placemat, plastic silver and beverage for an attractive poster.

40. Explain why water may have decidedly different tastes.

41. Discuss how to tell whether drinking water is safe.

42. Experiment with bread to determine the need for keeping it wrapped. Put one slice in waxed paper and leave one slice exposed to air for 24 hours.

43. Locate on a map places where fruits and vegetables are grown. Show what methods are used to transport these items to our local food markets.

44. Discuss the nutritional value of raw and cooked vegetables. Why do we cook foods? Cook foods varying lengths of time and observe both the food and the water each time.

45. Plan with the school dietitian to have your class make one or more short visits to observe how foods are prepared. Follow-up with a group discussion of what the children saw.

46. Collect food labels; discuss what the label tells about food that is inside the container. (Weight, additives, artifical coloring.)

47. Visit the following and study the role each has to play in providing safe food to eat:
    Meat packing company
    Water treatment plant
    Canning factory
    Bakery

48. Visit a store. Ask the grocer about government inspection. Have the store keeper tell and show how the food he sells is kept safe for people to use.

49. Plan unusual but nutritious meals (ex: macaroni for breakfast).

50. Video tape the proper preparation of a meal or snack.

RESOURCES

Books:

At The Bakery, Lillian Colonius, Melmont Publishers, Chicago 664.7 C

Food As A Crutch, G. Gilbert Wrenn, American Guidance Service, Inc., Publishers Building, Circle Pines, Minnesota 55014

Food and Nutrition, W.H. Sebrill and J.J. Hagerty, The Life Science Library, Time, Inc. 613.2 S

The Good Foods Coloring Book, Consumer and Marketing Service, U.S. Department of Agriculture (Free)

How Foods Are Preserved, Marjorie A. Banks, Benefic Press, Chicago 641.4 B

The Medicine Show, 1963, Part II (Chapters 13-17) - useful for food fadism and quackery, available through SEIMC

The Nuts Among the Berries, Ballantine Books, Inc. - Food Fadisms and Nutritional Quackery, available through SEIMC

Sleep, Exercise and Nutrition, Scott Foresman Co., Glenview, Illinois 60025

What Is A Cell, Fred M. King, Benefic Press, Chicago 574 K

You Visit A Sugar Refinery - Fruit Cannery, Benefic Press, Chicago 664.1 M

Films:

Adventure in Learning - Wheat, BOCES #842-2, black and white, 20 minutes

Big Dinner Table, BOCES #831-236, 11 minutes

Bread, BOCES (video cassette), 11 minutes

Chocolate: Why is Chocolate Sweet?, BOCES (video cassette), 4 minutes

Food for Fun, BOCES #831-313, 10 minutes

Food: Story of a Peanut Butter Sandwich, BOCES #832-118, 15 minutes

Good Eating Habits, BOCES #831-369, 11 minutes

Milk: From Farm to You, BOCES (video cassette), 13 minutes

Onions and Spaghetti: Why Do Onions Make Me Cry?, BOCES (video cassette), 5 minutes

Films, (Cont.):

Oranges: Where Do They Come From?, BOCES (video cassette), 4 minutes

Where Does Our Food Come From?, BOCES #831-27, 17 minutes

Pamphlets:

Jane and Jimmy Learn About Fresh Fruits and Vegetables, United Fresh Fruit and Vegetable Association, Educational Materials, 777 Fourteenth St., N.W., Washington, D.C. 20005

Hey Kids! Get Aboard the Good Ship Vitamin C, Florida Citrus Commission, Institutional and School Marketing Department, P.O. Box 148, Lakeland, Florida 33802. Also spirit duplicator masters of The Orange Clock, Monthly Calendar, Word Picture Story, and Four Seasons

Assorted titles on Megavitamins and Nutrition, Academic Therapy Quarterly, San Rafael, California

Filmstrips and Cassettes:

Alexander's Breakfast Secret, BOCES #392-19

The Healthy Way in Wonderland - "Chef Ahmalett's Health Diet", BOCES #392-22

Games:

Astronaut Breakfast Game, Kellogg Company, Home Economics Service, Battle Creek, Michigan 49016, (Request must state number of students in class)

The Four Food Groups for Better Meals Game, BOCES #110-35, U. S. Department of Agriculture

Nutrition Game, UNICEF

Puzzle:

Floor Puzzle: Breakfast, 36" x 24", sturdy puzzle, Trend Enterprises, Box 3073, St. Paul, Minnesota 55165, $10.20

Posters:

American Institute of Baking, 400 East Ontario Street, Chicago, Illinois
- Foodway to Follow
- The Pack-It Meal

Dairy Council of California, 1095 Market Street, San Francisco, California
- Child Feeding Posters
- The Four Food Groups
- My Lunch for A Happy School Day
- We All Like Milk
- What We Do Day By Day

HENs:

The Growing Rule, Del Monte

Making of Chocolate, Hershey Chocolate Company

Nutrition Materials, BOCES #HN-12:
- Sunkist Pamphlet
- Preparation of Foods, Meatpacking Institute
- Green Giant Posters

Nutrition Oriented Menus, BOCES #HN-20

SENSORY PERCEPTION

OVERVIEW

Our senses play a vital role in our communications with the world around us. To think for a few moments about the challenges which face a person born blind or deaf is to be almost overwhelmed by our dependence on sight and hearing. Yet a philosopher has said that it is touch which gives meaning to all the other senses and touch which organizes all sensations. The sense of smell still reminds us, like our evolutionary predecessors, of danger. Taste adds pleasure to the vital function of eating.

Yet it is safe to say that no developmentally disabled child uses his senses as effectively as possible. The learning disabled show a differential ability to process stimuli received through the various senses. They may read with great facility while the words which come to them through hearing are meaningless; or the reverse may be true. The emotionally disturbed child's perceptions of the world around him are distorted by his emotional problems.

The material in this unit relates to something which the student does every waking minute of every day -- receive, process, and respond to sensations of the world around him. Increased awareness of and sensitivity to this dynamic interaction enriches all of life for the child.

OBJECTIVES

1. Identify what our senses are and what they do for us. (Sight, hearing, smell, taste, touch, and kinesthesis.

2. Demonstrate proper care of the eyes and ears.

3. Cooperate in vision and hearing tests.

4. Demonstrate a willingness to wear glasses or any other aid if needed.

5. Show consideration of others who wear special aids or glasses.

6. Abide by safety rules for protecting eyes and ears from injury and infection.
   Avoid placing fingers or other object in eyes and ears.
   Refrain from throwing objects that might injure eyes and ears.
   Avoid looking directly at sun or other bright light.
   Read or view TV in appropriate light.
   Sit six feet away from a color TV.

MAJOR CONCEPTS

1. The eyes and ears are two of the "sensing" mechanisms of man. The nose, mouth and skin are other sense mechanisms.

2. Most of our learning about the world around us is gained through our eyes and ears.

3. We learn best when all of our senses are involved.

4. Healthy eyes and ears are important to our overall well-being and learning ability.

5. Hearing and seeing are important to speech.

6. The eyes are protected naturally by the bones of the skull, the eyelids and eyelashes, and by tears.

7. The hearing apparatus is protected, basically, by the skull and outer ear parts.

8. Sharp or pointed objects, in particular, may injure delicate body parts such as eyes and ears.

9. Proper medical care of colds and other illnesses can prove helpful in maintaining healthy eyes and ears.

10. Blowing the nose properly will reduce the risk of damaging the middle and inner ear.

11. Screening tests provide a means of detecting vision and hearing difficulties.

12. Proper lighting and viewing position can do much to avoid undue eye fatigue.

13. Small particles of foreign material which sometimes lodge beneath the eyelids require special attention and children should seek help from an adult in removing them.

14. We sense the four main tastes - bitter, salty, sweet and sour - on different parts of the tongue.

15. Special nerve endings in the skin send messages to the brain so it can interpret what we are touching.

16. Our nose helps us to smell as we breathe in air.

CONTENT OUTLINE

I. Sensing the World Around Us
   A. Brain gives meaning to senses through the nervous system
   B. Uses of the senses
   C. How the senses work together

II. A World to Know
   A. Our eyes and seeing
   B. Our ears and listening
   C. Our skin and touching
   D. Our nose and smelling
   E. Our tongue and tasting

III. Another Sense - Responsibility
   A. Safety and protection of our senses
   B. Care of the eyes and ears
   C. Participation in screening procedures

LEARNING ACTIVITIES

1. Make a bulletin board on the five senses. Teacher provides name and picture of part of body (eye, ear, nose, etc.). Child provides pictures of something to see, hear, etc.

2. Dramatize situation of a family viewing TV: (seating, lighting, length of time, distance, etc.).

3. Touching game: (Objects with different textures and feels are presented to blindfolded child who guesses what he has touched.) Other versions of the above include the: Smelling game, Hearing game, Seeing game, and Tasting game.

4. Demonstrate how vision and hearing tests are given. Possibly have school nurse-teacher demonstrate the "E" game.

5. Make pictures for bulletin board, "Your Eyes: Some Do's and Don'ts" or "Your Ears: Some Do's and Don'ts".

6. Play game "Sharp Eyes": Have children make a circle standing close to each other, with hands behind their backs. One child is in the center of the circle; he is the dog. Some child has the dog's bone (any object) and he passes it quickly to child next to him. Keep passing the bone on. At some time, the bone may be passed the opposite way. Those in circle may only make motion of receiving bone to further confuse dog. Dog must have sharp eyes to find who has the bone. When he thinks he knows he may have 2 guesses. If he guesses right, he may still be the dog - otherwise child with bone becomes the dog.

7. Play game "Who Called?": Children form a circle and one child stands with his back to circle about 15-20 feet away. One child in center of circle points to another child to call the name of the child who is away. As soon as child recognizes caller, he says, "It is _____." He has 3 chances. If he fails, he changes place with caller. If he is correct, he changes places with person in the center.

8. Discuss day and night visions. Send one child into dark closet for a few minutes and upon return let other children look into his eyes to see dilation of pupils.

9. Play "What Can You See in 1 Minute".

10. Illustrate sound waves by plucking a tightly stretched wire or striking a tightly stretched membrane (drum) to vibrate it. Listen to a watch tick. (Different types of sounds.) Put a rubber band around a box and pull it to show how sound waves start.

11. Walk quietly through the hall and return to the classroom. Have the children make a list of the sounds they heard.

12. Class observation of peers' glasses; proper cleaning and care.

13. Sense Centers:
    A. Smell - Using plastic pill bottles, saturate cotton with several different essences (i.e. almond, vanilla, peppermint, clove, anise).
    B. Taste - Using a plastic eyedropper, choose several flavors to taste (i.e. lemon, lime, vinegar, cider, water, milk).
    C. Vision
        1. Several optical illusions (i.e. shortest, longest)
        2. Mirror activity cards
        3. Attribute classification activities (ESS Science)
        4. Montessouri visual skills activities for discovery
        5. Piaget type visual activities
    D. Touch
        1. Feeling box
        2. Puzzle replacement exercises
        3. Tearing shapes with eyes closed
        4. Making something out of clay with eyes closed
        5. Distinguish and describe known and unknown object with eyes closed
        6. Group things by tactile qualities
        7. Do previous activities, 1 through 5 with eyes open to show interdependence of senses.
    E. Hearing
        1. Using Language Master (Bell & Howell) match picture/word cards with singular sound, no picture cards.
        2. Tape directions for a coloring activity with competing background sounds.
        3. Set up rhythm equipment for free investigation.
        4. Using Language Master record sounds of rhythm instruments and have child identify instrument sounded.
        5. Using a xylophone, teacher strikes a high or low note and child identifies high or low or by jumping up and squatting down.
        6. Loud/soft activity with Language Master make loud and soft recordings of same sound (i.e. hand clapping, sand blocks, bell, cymbals). Child matches loud to soft.
        7. Fast/slow, high/low can be done similar to #6.

14. Working on kinesthesis and relationship to environment - balance.
    A. Physical exercises
    B. Identify right side with child - have child turn around, raise right hand, touch floor, raise right hand, jump 3 times, raise right hand, touch head, raise left hand -continue in same type activities.
    C. Simon Says - type games.
    D. Close eyes and perform simple physical activities.
    E. Face a partner and do activities similar to B above to show limitation of one sense and complementing of all.

15. Teach an art activity with no oral directions - only visual.

16. Teach an activity with only oral directions.

17. Use Ameslan or develop simple sight signs to talk without sound.

18. Do pantomiming of activities for child's guidance in activity.

19. Discuss the use of individual senses and total senses in use. Observe a specific "unknown" using one sense at a time and then a total involvement. Describe the object.

20. Show how listening and hearing help with speech cues:
    A. Give children the opportunity to "Lip Read" what teacher says and speak the words aloud.
    B. Have one child say something while facing away from others. Use close sounds (pin/pen) and another child listens and repeats.

21. Use a puppet to show mouth formation for speech.

22. Have a "Sound Off" where a recording is made of children making as many different vocal sounds as possible. Discuss the capabilities of the sounds for speech.

23. Teach a few basic foreign words. Discuss how the absence of previous knowledge of the language makes it harder to learn the words (use a comparison of a difficult English word).

24. Tap a rhythm. Pick one child and ask him to tap it just as you did.

25. Go for a "listening walk". Talk about the sounds you hear.

26. Make a tape of familiar sounds such as thunder, birds, footsteps, running water, and a train going past. Ask the children to identify the sounds. Older students may wish to borrow the recorder and tape sounds themselves.

27. Assign each child a word. Read a story which uses these words frequently. (Such a story is fun to make up yourself.) Each time a child's word occurs, he should clap, stamp or make some appropriate gesture as quickly as he can.

28. Read a story and ask the children questions, either as you go along, or at the end. If they know you are going to do this, they will try harder to listen carefully.

29. Finger painting is fun if you close your eyes and draw a picture. Then open them and see how well you did without looking.

30. Little samples of different textures such as corduroy, satin, sandpaper and feathers are interesting stapled onto the pages of an album. Talk about what you thknk of or how you feel when you touch the different samples.

31. Shapes such as triangle, circle and square have a whole new meaning when explored by touch. Have a variety of large and small, and rough and smooth for sorting or matching while blindfolded.

32. Collage of pictures depicting the five senses.

33. Have children tape-record their voices.

34. Demonstration of locations of the sense organs.

35. Have children draw pictures of people who have different devices to help them live a better life; hearing aids, glasses.

36. Observe children at play and on the street. Note safety habits.

37. Poems to discuss:

"Sounds"

I like the sounds of many things -
Of tinkling streams, a bird that sings,
Of falling raindrops, buzzing bees,
Of crunching snow, and wind in trees.

I like the sound of happy play,
Of echoes soft and far away,
Of music gay or sweet and slow,
Of trains and cars that swiftly go.

But there is one sound nicer far,
To me than all these others are,
I like the sound September brings,
When once again the school bell rings.

"Smells"

The world is full of wonderful smells
And you have a nose that always tells
Of bread in the oven, hot and nice,
Of cake being baked with lots of spice,
Of a barn with fresh cut hay in the mows,
Of horses and pigs and cats and cows,
Of a dog when he's warm and lies in the sun,
Of applesauce and chocolate and a sugar bun.
Wouldn't it be dreadful if you'd no nose to tell
Of every wonderful, wonderful smell?

"Wonders of Seeing"

When I lie flat upon the grass and put my face close down,
I see so many, many things, all colors, green and brown,
And red and black, so many things that go round and round,
And here and there and slow and fast along the ground,
Forewards and backwards and not fast at all,
Just a creepy, creepy crawl.
There's always something moving
So I'm never bored at all.

38. Put a number of common objects on a tray. Have the children look at them carefully for a minute or two. Then cover them. Can the children name all the objects they saw?

39. Look at a picture or a painting for two or three minutes with the whole class. Then remove it and ask the children to draw with crayons what they saw. Ask them to make their drawings as much like they just saw as they possibly can. Then check for accuracy of detail.

RESOURCES

Books:

About Four Seasons and Five Senses, Shaw Radlauer; Melmont Publishers, Inc., Chicago, Illinois, 1960, 811
R

Find Out By Touching, Paul Showers, Thomas Y. Crowell Company, New York, 1961, 152
S

Fingerplays, M. Miller, P. Zajam Schirmer, 1955, "Two Little Eyes", "On My Head", "Ten Little Fingers".

How We Talk; The Story of Speech, Marilyn Brottman Bennett and Sylvia Sanders; Medical Books for Young Children; Lerner Publications Company, Minneapolis, Minnesota, 1966, 612
B

The Listening Walk, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

Making Music Your Own, Silver Burdett, 1966, "Making a Pretty Motion", "Open, Shut Them", "If You're Happy".

My Five Senses, Aliki; Thomas Y. Crowell Company, New York, 1962, 612
A

Singing Fun, Webster, McGraw-Hill, 1954, Songs - "I'll Listen", "Two Little Hands".

Songs to Grow On, Edward B. Marks Co., 1950, Song - "Anatomical Song", B. Landeck

The True Book of Sounds We Hear, Illa Podendorf; Children's Press, Chicago, Illinois, 1955, 534
P

Films:

A Look at You, BOCES #831-244, 13 minutes

Eye Care Fantasy, BOCES (video cassette), 8 minutes

Hailstones and Halibut Bones I, BOCES #831-327, 6 minutes

Hailstones and Halibut Bones II, BOCES #831-328, 7 minutes

Films (Cont.):

Listening, BOCES #832-97, 14 minutes

Thousand Eyes, A, BOCES #831-315, 10 minutes

Ways to Find Out, BOCES #831-310, 11 minutes

Kits:

Goldman-Lynch Sounds and Symbols Development Kit, American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014

Peabody Kit Levels P and L, SEIMC, BOCES, American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014

Montessouri Teacher's Guide, 376 Wyandanch Avenue, North Babylon, N.Y. 11704

Purdue Motor Survey, Roach and Kephart; Charles E. Merrill Publishing Co., 1300 Alum Creek Drive, Columbus, Ohio 43216

HEN:

Sensory Perception Materials, BOCES #HN-21

DENTAL HEALTH

OVERVIEW

Even families who are responsible and conscientious may have difficulty enforcing habits which will promote good dental health in their children. It takes time and patience to foster the habits of frequent brushing, to insure regular visits to the dentist and to control the selection of food to supply nutritional needs.

Another problem to overcome in working for good dental health is the inefficiency with which most children clean their teeth. A toothpaste "for people who can't brush after every meal" is hardly the answer for a child who is careless in the method of brushing, who seldom or never brushes or who consumes sweet snack foods daily.

As is usually the case, for handicapped children the problems are multiplied. However, through education, a great number of these dental ills can be prevented or controlled. This unit will deal with the educational phase of dental health as it pertains to the child and his parents. Because dental health is known to affect the general health, appearance and social adjustment of an individual throughout his lifetime, the school can and should help to control dental disease, correcting defects and establishing good oral hygiene habits.

OBJECTIVES

Suggested Pupil Outcomes:

1. Develop favorable attitudes toward caring for the mouth and teeth reflected in habitually practicing good dental hygiene.
2. Describe the relationship of dental health to general health and appearance.
3. Identify tooth structure and function to better understand the value of good dental care.
4. Practice preventative procedures for dental health including visiting the dentist, good oral care, and eating proper foods.
5. Demonstrate proper toothbrushing techniques.
6. Identify habits that adversely affect dental health.
7. Identify the active ingredient of an accepted toothpaste.

MAJOR CONCEPTS

1. Observance of good dental health practices, including personal care, professional care, proper diet and oral habits, is most important to good oral health.

2. Teeth are important to us for many reasons.

3. Different shapes indicate the different jobs the teeth do.

4. The number of teeth we have changes as we grow.

5. Daily care is important to dental health.

6. Foods left between our teeth cause decay and the formation of cavities.

7. Teeth can be affected by the foods we eat.

8. The prevention of tooth decay can be affected by proper diet and care.

9. Regular visits to a dentist can help maintain healthy teeth.

10. Many dental accidents can be prevented by safe practices.

11. Fluoride in correct amounts is an ingredient of effective decay-preventive toothpastes. These toothpastes display the seal of acceptance of the American Dental Association.

CONTENT OUTLINE

I. How Our Teeth Are Important to Us
   A. Appearance
   B. Structure and growth of the tooth
   C. Grinding, cutting, tearing, and crushing
   D. Primary and permanent teeth

II. Taking Care of Our Teeth
   A. Cavities are caused by improper care
      1. What are cavities?
      2. Fluoride application and/or addition to water supplies
      3. Flossing can be helpful
      4. Swish and swallow
   B. Brushing
      1. Types of toothbrushes
      2. Care of the brush
      3. Toothpaste and toothpowder
      4. How to brush
   C. Chewing on foreign objects
   D. Thumb sucking, lip and tongue biting

III. Our Diet is Important for Healthy Teeth and Gums
   A. Foods for sound teeth
   B. Foods that cause tooth decay
   C. Foods that help reduce and control decay

IV. Individuals Who Are Important in Dental Health
   A. Dentist
   B. Dental Hygienist
   C. Orthodontist
   D. You

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss use of teeth for eating, speech and appearance.

2. Compare the teeth with other cutting and grinding machines.

3. Display a collection of magazine pictures about dental health on bulletin board or arrange the room with pictures, models and objects pertaining to various aspects of dental health. (Dental tools, animal teeth, human teeth, tooth models - healthy and decayed, toothbrushes, etc.)

4. Have class members collect pictures of people smiling. Illustrate how some of these people would look with missing teeth by blackening a few of the teeth.

5. Draw, color and possibly animate different teeth as well as different parts of the teeth.

6. Draw pictures showing tooth form and inner structure (cross-section).

7. Make a bulletin board display illustrating types of teeth and their functions. (Cut, tear, crush, grind.)

8. Display and discuss magazine pictures brought by children showing good and bad foods for teeth using a "Happy and Sad Tooth" chart.

9. To show that acid will weaken substances containing calcium (such as tooth enamel) place a whole egg in a bowl of vinegar (acetic acid) for about 24 hours. The egg shell should become soft as the vinegar decalcifies the shell.

10. Have child prepare lists of good dental snack-time foods.

11. Demonstrate ways of cleaning teeth when a brush isn't available (swish and swallow, etc.).

12. Have each child eat a cracker and with his tongue feel the coating of food on the teeth. Then have each student eat a piece of carrot, celery or apple and note how much cleaner the teeth feel. Discuss the value certain foods such as apples, celery, carrots, and oranges as tooth cleaners. (Nature's toothbrushes.)

13. Make a table display called "using the right tools", have some things on which children should not use their teeth (bottle caps, nuts, etc.). Beside each one place a tool or picture of a tool that should be used.

14. Display pencils, unshelled nuts, buttons and other hard objects and discuss the dangers to teeth when these items are bitten or chewed.

15. Have children prepare a daily brushing chart to be taken home and hung in the bathroom to record when their teeth have been brushed or rinsed. Use different symbols for brushing and rinsing. Evaluate.

16. Demonstrate with large set of teeth and toothbrush the proper way to brush teeth, including use and care of the toothbrush. Teacher should demonstrate brushing by:
    Using a large model brush and model of teeth, if available.
    Bringing own toothbrush and demonstrating - the length of time, all teeth, and ways of brushing.
    Have each child bring his or her own brush and practice brushing properly - the length of time, the surfaces of all the teeth.
    Discuss and demonstrate the electric toothbrush.

17. Demonstrate flossing. Have a child hold up a forefinger and middle finger firmly together. Gently move a strand of dental floss (wound around your forefingers) between the upright fingers. Fold the dental floss around one finger moving upward to remove food plaque. Move the floss down again and up around the other finger.

18. Distribute toothbrushes and small tubes of toothpaste for all children to take home and use. (Often available free from major manufactures.)

19. Make toothpowder in class. Students mix the following ingredients in the proportions indicated: 1 teaspoon salt, 2-3 teaspoons baking soda, and a drop or two of oil of peppermint, wintergreen or cinnamon. Have pupils take some home to use when brushing teeth.

20. Discuss the loss of primary teeth (deciduous) as a normal process unless there is tooth decay or an accident.

21. Have children share the experience of losing a tooth.

22. Discuss a new baby and the fact it has no teeth.

23. Have each pupil draw a set of baby teeth and a set of permanent teeth. Place an X over the baby teeth that have been lost. Circle the permanent teeth that have erupted. Combine drawings into a scrapbook that could be used during the year. (Use a ditto master.)

24. Make puppets and depict a visit to the dentist.

25. Invite a dentist or dental hygienist to visit class and explain services given by a dentist (Ask them to bring dental instruments if possible.) or meaning of the following words: germ, cavity, acid, primary, appearance, digestion, permanent, dentist, enamel, calcium, caries, penetrates, fluoride. (May be used in spelling contest or as extra spelling words.

26. Present a summary of this unit as a skit for an assembly program or publish a summary in a class newspaper.

27. Write and illustrate a comparative life story of a neglected tooth and one given good dental and home care. This may be done by a small group or the entire class.

28. Invite the dental hygienist to talk to the class about kinds of toothbrushes and dentifrices that are best for cleaning teeth. Prove that good toothpowder need not be the most expensive.

29. Poems:

"Teeth"
Some are big,
Some are small.
Others aren't there
At all!

"Brushing"
This is what we want to know -
Brush our teeth the way they grow.
Inside and out and on the top,
We brush them clean before we stop!

"But Then"
A tooth fell out
And left a space
So big my tongue
Can touch my face.

And everytime
A smile, I show
A space where some -
thing used to grow

I miss my tooth
As you can guess,
But then - I have to
Brush one less!

"Brush, Brush Your Teeth"
Brush, brush your teeth up to your gum
Don't you let the cavities come
Brush brush up
Brush brush down
Brush up - brush down.

"Wiggly Tooth"
Once I had a little tooth
That wobbled everyday;
When I ate and when I talked,
It wiggled every way.

Then I had some candy -
A sticky taffy roll.
Now where my wiggly tooth was -
Is nothing but a hole!

30. Make a model of the mouth using pink clay and white corn kernels as the teeth.

31. Write to the American Dental Association, Bureau of Dental Health Education, 211 East Chicago Avenue, Chicago, Illinois 60611 requesting a list of accredited toothpastes which contain fluoride.

32. Make a display of accredited toothpastes with 3-D pictures.

33. Make dental posters (i.e. a tooth and toothbrush saying, "Let's be friends."

34. Make up dental riddles (i.e. What did the tooth say to the floss? Answer: See you around.)

35. Set up a classroom dental clinic. (A student-conducted dental check-up - specifically brushing and good dental habits.) Invite another class to be the "patients".

36. Make a bulletin board display - "Healthy Teeth Make Happy Smiles". (Big tooth patterns to make frames for photographs of smiling children.)

Books:

Dentist's Tools, Carolyn Lapp; Lerner Publications Company, Minneapolis, Minnesota, 1961, 617.6
L

"Health and Growth Series," Book #1, Scott Foresman and Company, Glenview, Illinois 60025

Films:

Dottie and Her Dad, 16mm, 4 1/2 minutes, American Dental Association

Dottie and the Dentist, 16mm, 4 1/2 minutes, American Dental Association

Good Health Habits With Harv and Marv,

Learning to Brush, BOCES #831-185, 10 minutes

Tommy's Healthy Teeth, BOCES #831-150, 11 minutes

Kits:

A Prevention Oriented School Program, "Learning About Oral Health", includes a dental health unit, ditto masters, transparencies and pamphlets, Level I, K-3, American Dental Association

Dental Health School Presentation Kit, pamphlets, posters, toothbrushes and toothpaste, Proctor and Gamble, P.O. Box 599, Cincinnati, Ohio, (Professional Services Division), materials available through American Dental Association, 222 East Superior Street, Chicago, Illinois

Dental Health Teaching Unit - Grades 1-3, Bristol Myers, Educational Services Department, 630 Fifth Avenue, New York, New York

Home Teaching Kit, SEIMC, BOCES, Edmark Assocation Program regarding brushing teeth

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Home Teaching Kit, SEIMC, BOCES, Edmark Association Program regarding brushing teeth

Filmstrips and Records:

"Good Dental Health Is Up To You", Professional Services Division, Proctor and Gamble, P.O. Box 563, Cincinnati, Ohio 45201

"Your Mouth Speaking", 7 filmstrips, Walt Disney Educational Materials, Department F, 800 Sonora Avenue, Glendale, California 91201

Other assorted materials available from:
American Dental Association
Bureau of Dental Health Education
211 East Chicago Avenue
Chicago, Illinois 60611

HEALTH STATUS AND DISEASE PREVENTION AND CONTROL

OVERVIEW

Evidence is mounting that physically fit persons lead longer lives, have better performance records, and participate more fully in life than those who are unfit. Physical fitness may be defined as "a quality which enhances all other human qualities." Studies have shown that physically fit students miss fewer classes, participate in more activities and have fewer emotional problems than other students. Physical fitness is an essential quality for anyone desiring to make the most of himself and life.

For the developmentally disabled child, the goal of physical fitness has even greater importance. For all children the first period of life is the one in which sense organs and muscle systems interact with the environment to provide a structure upon which more complex perceptual and intellectual functioning can grow. In the case of the student who is emotionally disturbed or learning disabled, this early period has not established a structure which is adequate. The child may lack basic concepts; he may lack the skills to process information from his sense organs; he may be so completely fixed on threatening thoughts that he cannot devote his mental energies to problem solving.

A good healthy body can help the ED-LD child interact more meaningfully with his environment. He is more mobile and better able to explore; he can manipulate large and small objects, and control and use tools. His active involvement with the things around him can help overcome weaknesses in the cognitive structure. He becomes better able to differentiate himself from all that is not himself; he gains a realistic image of his own body.

The school health education program can provide knowledge and understanding of basic health principles in order to develop desirable health attitudes and behavior for the promotion of physical fitness. Thus, each individual can and should learn to enjoy taking part in vigorous exercise appropriate to age and general ability.

Rather than presenting health and disease as mutually exclusive categories, they should perhaps be shown as part of a continuum which ranges from the feeling of vitality and well-being described above all the way to the cessation of life. Intermediate points along the way would represent various conditions of mental and physical well-being. The children can perhaps define their own intermediate points such as "being really tired, "having a bad cold,""having pneumonia," and so forth.

The teacher can then point out that health is a process which is carried on each day in which we work toward feeling our best; we do this work by eating the right foods, getting the proper amount of sleep, exercising, and learning to get along with other people.

OBJECTIVES

1. Relate that health is a quality of life that can be appraised and measured.

2. Cite the effects and benefits of physical exercise and activities.

3. Correlate the interrelatedness of the physical, mental, emotional, and social aspects of the individual's health.

4. Explain how body types and other factors determine differences in height and weight.

5. Evaluate one's own growth and development and develop an understanding of the need for body fitness.

6. Identify factors affecting health.

7. Distinguish between health and illness.

8. Interpret the cause-effect relationship as it applies to disease.

9. Define the means of exit of organisms from the body, ways and means of disease transference and how to block routes of transmission.

10. Demonstrate an understanding of disease cycles by describing the basic communicable disease process.

11. Assume responsibility for prevention and control of disease within himself/herself and others by using personal habits that will discourage the spread of disease.

12. Express desire and need for proper immunization procedures.

13. Determine the importance of personal cleanliness.

14. Define ways that will motivate the individual to practice wholesome habits of personal health.

15. Describe basic school/community programs whose function it is to control disease.

16. Familiarize oneself with members of the school health team and their role in the total school program.

17. Identify the role of "community helpers" in preventing health problems and enhancing health status.

MAJOR CONCEPTS

1. Physical fitness is an essential quality for anyone desiring to make the most of himself and his life.

2. Exercise and play contribute to personal happiness, growth, strength, relief of fatigue, and making friends.

3. Suitable conditions are necessary for play activity.

4. There are suitable times for exercise and play.

5. Daily exercise strengthens and increases the effectiveness of the body and its organs.

6. Sleep, rest, and proper food are important for tomorrow's exercise and play.

7. Good sportsmanship adds to the enjoyment of play activities.

8. Moderate exercise is recommended after illness.

9. Teachers, nurses, doctors, and other members of the school health team work together to help keep children healthy.

10. Each person has a responsibility for his/her own personal care.

11. A cause-effect relationship has been established between germs and disease.

12. The causes of several diseases are still unknown to medical scientists.

13. The nature of many diseases makes it possible for them to be spread from person to person.

14. There are several portals of entry of disease germs into the body.

15. Illness has an effect on the way that we feel.

16. A more serious disease may follow what appears to be an insignificant illness.

17. Personal health is significantly linked with personal habits.

18. Group behavior may affect the health of each individual in the group.

19. We are dependent upon many people to help us when we are ill.

20. An awareness of one's own physical condition and rate of growth is essential to good health.

CONTENT OUTLINE

I. Our Health Can Be Measured
   A. Each person is different
   B. Health appraisals are part of our school program
      1. Medical check-over
      2. Seeing and hearing
      3. Teeth and gums
      4. How tall and how small

II. The School Has Its Team
   A. The teacher and the everyday classroom
   B. The school nurse-teacher and health status
   C. The doctor and his visits to school
   D. The dental health teacher and oral health
   E. The school psychologist and mental and emotional development
   F. The physical education teacher and physical fitness
   G. The speech teacher and communication
   H. The guidance counselor and direction

III. Getting Familiar with the Community Health Team
   A. Family doctor
   B. Dentist
   C. Public health nurse
   D. Social Service worker

IV. How to Keep Yourself Well
   A. Physical exercise and activity
   B. Clean body and clothes
   C. Clean, neat and safe surroundings
   D. Posture and carriage
   E. Being friendly and helpful
   F. Time for sleep, rest, relaxation, and play

V. What Causes Disease in Man?
   A. What is a "germ"?
   B. What kinds of germs cause disease?

VI. Germs Are Spread by Contact
   A. Directly with an ill person or animal
   B. Indirectly with the germs in secretions or discharges from an ill person or animal

VII. Carriers of Disease
   A. Vectors such as man and animals
   B. Other vehicles such as soil, plants, food, water, and air

VIII. Germs Get Into Man's Body Through Portals of Entry Such As The Mouth, Nose, and Broken Skin

IX. Signs of Illness (Which Should be Reported) Are Reflected in the Ways We Look and Feel
   A. Sore throat
   B. Headache

C. Stomachache
D. Vomiting
E. Skin rashes

X. There Are Several Habits Which Can Discourage the Spread of Disease
A. Body cleanliness and handwashing
B. Care in the use of personal items
C. Proper toilet habits
D. Drinking and eating precautions
E. Covering mouth/nose when coughing/sneezing
F. Proper use/disposal of paper tissues
G. Obtaining adequate rest, exercise, and diet
H. Proper care of cuts and abrasions
I. Acquiring proper immunizations

XI. Many Individuals Help Protect Us From Illness
A. Parents and family members
B. Teachers
C. Doctors
D. Dentists
E. Dental Hygienists
F. Pharmacists
G. Veterinarians
H. Cafeteria workers
I. Friends

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss how underdeveloped muscles may cause poor posture (abdominal and back muscles).
2. Discuss how poor posture may be corrected.
3. Bring in and display pictures of your favorite sport or sport hero. Discuss this activity or personality with class.
4. Discuss the opportunities made available for play at school and at home.
5. Survey the class concerning the number of hours that are used for physical activity in a day. Make a list of the variety of activities involved.
6. Pupil appraisal of recess play areas (safety, cleanliness).
7. Discuss the reason for playing outside when possible.
8. Dramatize and illustrate safe and unsafe forms of play activities.
9. Explain why some pupils can play and work without getting tired very quickly and other cannot.
10. Activity: Perform strength building exercises and stunts.
11. Discuss the reasons for some members of the class being stronger than others.
12. Have the physical education teacher explain the importance and need for regular play and exercise in maintaining and developing physical fitness.
13. Examine sport pictures and relate the contribution of each activity to physical fitness.
14. Have pupils construct a chart showing the nature and the time spent participating in physical activities for a seven day period. Evaluate.
15. Give examples of good sportsmanship in play activities.
16. Dramatize and discuss good sportsmanship.
17. Discuss the need for teamwork and cooperation in games.
18. Give examples of moderated exercise and play.
19. Dramatize what happens when pupils do not get enough sleep.
20. Discuss and demonstrate a variety of relaxing activities and exercises that should be engaged in before going to bed, or when desiring to relax.

21. Explain why rest is important and needed at certain times.

22. Write about favorite ways to exercise.

23. Class activity: Mimetic activities, low organized games, and contests at recess and in physical education class. Relate values of these activities to fitness.

24. Discuss the kinds of outdoor activities participated in at school and at home and what they contribute to health.

25. Construct figures with pipe cleaners or clay demonstrating various physical activities.

26. Art activity: Children can draw pictures of a member of the school health team and then tell a story about what the person is doing.

27. Discussion of proper procedure for washing hands and face. Demonstrate and practice individually.

28. Discussion of proper procedure for use of tissue or handkerchief.

29. Have children keep a chart of their weight and height.

30. Have school nurse-teacher visit class for a preparatory talk before physical appraisals, weighing and measuring, vision and hearing testing.

31. Have dental hygiene teacher come to class for preparatory talk before dental appraisal.

32. Pantomine: preparation for school, washing face and hands, combing hair, putting on clothes, putting on protective outer clothing as weather prescribes.

33. "Health Interest Corner": have children contribute such things as soap, toothpaste, hairbrush, nail file. Demonstrate how each item is used.

34. Assemble a human body by cutting out pattern of separate parts, then assembling them with brads; dramatize movements of body parts on finished figures.

35. Charades game: One child acts out a good grooming activity while others guess what he is doing.

36. Oil one sheet of paper and sprinkle dirt and dust on it. Sprinkle dirt on a clean sheet of paper also. Relate it to skin cleansing. Do same procedure with child's hands.

37. Puppet play of a child who argues with his parents not to go to bed. Older sibling comes in to explain benefits of sleep.

38. Play records for certain movements. Have child perform them.

39. Have child help in maintaining a checklist appraisal of health status using Positive Signs:
    1. well cared for teeth

2. good posture
3. clean skin
4. good muscletone
5. clean, well brushed hair
6. adequate sleep
7. fingernails clean and cared for

40. Discuss relationship of good health habits and keeping well. Have students construct a list of good health habits.

41. Have students pass a ball representing germs to one another. Call the ball "Chicken Pox," "Flu" or some other childhood disease. Discuss.

42. Discuss the fact that the ill feeling is nature's way of telling us that something is wrong with our body.

43. Ask children to tell of individual experiences when ill - who was first to help, who did what, etc. Have them construct posters showing the people who helped.

44. Discuss the importance of proper care and adhering to doctor's advice if one has a minor disease. Cite examples of a minor illness leading to pneumonia, heart problems, hearing loss, etc.

45. Tell stories concerning how children once believed in demons, evil spirits and darkness as causes of disease.

46. Use an atomizer to demonstrate how coughing and sneezing spread germs. Contact local American Lung Association for photographs showing actual range of cough and sneeze spray. Add perfume or onion juice.

47. Have nurse talk about tuberculosis and the tuberculin testing program.

48. Discuss the importance of a "runny" nose when one has a cold. Relate this to irritation caused by germs.

49. Role play - How can cold germs get into the body?

50. Discuss the importance of using your own toothbrush, handkerchief, drinking glass, etc.

51. Have school nurse explain how germs enter the body through cuts in the skin; explain how to cleanse and why this is important.

52. Discuss the importance of immunization shots (vaccinations).

53. Have pupils prepare a bulletin board on good health habits.

54. Discuss how the heart works - or have school nurse, doctor, etc. do so.

55. Have students listen to neighbor's heart with a stethoscope; discuss why a doctor uses such an instrument.

56. Discuss what life for children must be like in countries where there are few or no doctors.

57. Role play -The doctor takes care of the sick and the nurse takes care of the sick.

58. Discuss importance of hospitals.

59. Have students draw pictures illustrating ways germs travel, such as by touch, various insects, milk, water, food, etc.

60. Have students role play - Proper way of behaving around others when you are ill; how to spread disease; how to prevent spread of disease.

61. Construct a poster illustrating the health habits that help to prevent germs from entering respiratory system.

62. Develop a poster on how to avoid colds.

63. Have students draw posters to show what a tuberculin test shows.

64. Construct a mural showing the role of the nurse, doctor, technician, etc. in the tuberculin test.

65. Have children design TB/RD Christmas seals.

66. Make wire figures showing joints (basic skeletal frame).

67. Make silhouettes of students showing a profile of "poor" and "good" posture.

68. Use "Snoopy" characters to make posters showing good health habits (ex: Lucy combing her hair).

69. Make front view silhouette drawings of all children in class (or 8-10) superimposed over each other. Use different color magic markers to show different heights and sizes for personal healthy growth.

70. Videotape good hair care, good posture exercises, etc.

71. Happy-sad situation pictures: Child has drawing paper divided into two parts. Before sad (ex: child with unkempt hair) and after happy (ex: child with clean, combed hair). The next step is sequential pictures showing 1. poor care, 2. change method, 3. end result.

72. How do I feel activity: Give child a situation picture (ex: child whose face is dirty) and ask him to express how "he"/"she" feels with a dirty face. Carry through to how do I feel with a clean face.

73. Look at various "germs" under a child's microscope. Grow germ cultures from a cough, fingernail cleanings, etc. to use.

74. Focus a high intensity light on one child (other lights off) who is demonstrating good posture.

RESOURCES

Books:

About Dr. John, Frances B. Thompson; Melmont Publishers, Chicago, 1959.

About Jill's Checkup, Ruth Jubelier; Melmont, 1957.

About Miss Sue the Nurse, Frances Thompson; Melmont, 1967.

Daily Sensorimotor Training Activities, William T. Bradley, M.Ed; Geraldine Konicki, Catherine Leedy; Educational Activities, Inc., Freeport, Long Island, New York $4.95 - also available at SUCC bookstore

Dear Little Mumps Child, Marguerite Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 618.92 L

Doctors and Nurses - What Do They Do?, Carla Greene; Harper & Rowe, 1963.

How Doctors Help Us, Alice Meeker; Benefic Press, Chicago 1964.

Karen Gets a Fever, Miriam Gilbert; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 612 G

Michael Gets the Measles, Marguerite Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 612 G

Peter Gets the Chicken Pox, Marguerite Lerner; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 618.92 L

Sleepy Head, Will Lipkind and Nicolas Mordvinoff; Harcourt, Brace, 1959.

The Story of Penicillin, Penny - The Medicine Maker, Sherrie Epstein; Lerner, 1968.

The True Book of Your Body and You, Alice Hinshaw; Children's Press, Inc. 1959.

Films:

Alexander Learns Good Health, BOCES #831-8, 11 minutes

A Look at You: The Body, BOCES #831-242, 8 minutes

A Look at You: Health, BOCES #831-245, 13 minutes

A Look at You: Muscles, BOCES #831-243, 8 minutes

Beginning Good Posture Habits, BOCES #841-3, black and white, 11 minutes

Films - (Cont.)

Be Healthy, Be Happy, BOCES #831-189, 11 minutes

Busy Bodies, BOCES #831-311, 10 minutes

Clean and Bright, BOCES #831-312, 10 minutes

Clean and Neat with Harv and Marv, BOCES #831-403, 11 minutes

Let's Be Clean and Neat, BOCES #831-74, 11 minutes

Running for Sheriff, BOCES #831-211, 12 minutes

Scott Goes to the Hospital, BOCES #831-404, 11 minutes

Sleepy Heads, BOCES #831-314, 10 minutes

Filmstrip and Cassette Set:

The Healthy Way in Wonderland, BOCES #392-22

Kits:

Ed Mark Associates Programs on Personal Health Care

Home Teaching Kit - SEMIC - BOCES

Practicing Good Health - BOCES #123-29

Rozner Gross-motor Activities - BOCES

Self-awareness Kits - SEMIC - BOCES

DRUGS, ALCOHOL AND TOBACCO

OVERVIEW

The role of the educator in regard to drugs, alcohol and tobacco is twofold. First, he must present information about them with objectivity. This is difficult for the teacher who has strong feelings of his own toward the use of these substances, and what teacher does not! No matter what his opinions, it is safe to say that they are strongly held; for this is an area where intellect seldom functions independent of emotions. Second, the teacher must guide the development of attitudes concerning the use of chemical substances. This is even more difficult, for while our society has given tacit approval to the teaching of values in school, it also holds to the notion that each individual should be free to form his own opinions and to guide his own behavior. While teachers in regular public school classrooms have the luxury of using subtle methods to influence student values, teachers of the ED/LD know that to communicate effectively with their students at all, they have to be extremely open, crystal clear and willing to repeat many times. It is impossible therefore to give evidence and simply guide decision making; the teacher of learning disabled or emotionally disturbed children has to guide the developmental acquisition of values.

Furthermore, if he teaches that the use of alcohol is bad, and a child goes home, sees his father mix a drink and says that his teacher says that that is bad, the teacher may be in for a stern exercise in parent-teacher relations. It is not unrealistic to conclude that this unit will present the teacher of ED-LD children with as many complex difficulties as to expect from family life and sex education!

However, the use and misuse of chemical substances are currently major concerns of society and therefore the target of wide publicity. Children will hear about cigarettes, alcohol, and drugs from marijuana to heroin on the radio and television. Many will see them used at home, too. Learning disabled children have trouble analyzing all they hear in the electronic media for what is true and what is not. Emotionally disturbed children are at risk when they are influenced to seek solutions to their problems by chemical means.

This curriculum is designed to assist teachers in presenting correct information to their students. However, it is up to the teacher himself/herself to take a courageous stand in teaching his students values which he/she feels will have the most beneficial effects on their lives.

OBJECTIVES

1. Name the common drug products, household substances, and other compounds that can modify mood and behavior and affect health.

2. Identify ways common chemical substances are used in homes and community.

3. Make wise decisions and choices about the use of chemical substances that will contribute to good health.

4. Describe in general terms, the differences between alcoholic beverages and other beverages.

5. Analyze the differences in family practices and feelings about the use of tobacco and alcohol.

6. Describe the health hazards associated with smoking as they pertain to the individual and society.

MAJOR CONCEPTS

1. The effects of substances which modify mood and behavior may be detrimental to physical health.

2. Alcohol is used in many different ways in our society.

3. Families and individuals feel differently about the use of tobacco and alcohol.

4. Children should not experiment with chemical substances.

5. People use chemicals for a variety of reasons.

6. Diseases are found more frequently among smokers than non-smokers.

7. Advertisements affect youth in many different ways.

8. The improper use of medicines which were designed to cure and prevent sickness is usually a dangerous practice.

9. The abuse of volatile materials such as gasoline and glue can cause damage to human tissue.

10. Individuals must be aware of and understand the health hazards associated with the use of any chemical substance so they can make an intelligent, personal decision regarding their use.

11. Medicines should be taken only if given by parents or a responsible adult. An adult should be called immediately if any medicines, cleaners, etc. are accidently swallowed.

12. Drugs can be helpful to one's health when used as intended.

13. Safety precautions must be taken with medicines and other substances that we do know about.

14. New York State law requires that drugs must be dispensed in child-safe containers.

15. Aerosol sprays can be harmful to individual health and the environment.

16. Since insecticide sprays can be harmful, they should be used only by adults when children are not present.

CONTENT OUTLINE

I. Common Chemical Substances
   A. Drugs and medicines
      1. Aspirin
      2. Vitamins
      3. Prescription medications and legal controls
      4. Other non-prescription preparations
      5. Caffeine/coke, coffee, tea
   B. Alcohol
   C. Tobacco
   D. Other potentially dangerous compounds
      1. Aerosol sprays
      2. Glue
      3. Cleaning compounds
      4. Insecticides
      5. Paint and thinner

II. Effects on the Body and Mind
   A. Helpful effects
   B. Harmful effects

III. Influences on Our Use of Chemical Substances
   A. Family and adults
   B. Peers
   C. Individual attitudes
   D. Decisions, decisions

LEARNING AND EVALUATIVE ACTIVITIES

1. Have students relate their experiences with taking medicine. Why is it necessary to take a specific amount at a specific time?

2. Discuss why a doctor's prescription is necessary to obtain certain types of drugs.

3. Have children tell stories about the importance of the druggist in the community.

4. Present a druggist as a guest speaker; have him explain the safety factors associated with medicines as well as possible harm from misuse.

5. Arrange a real or imaginary visit to a drug store.

6. Show children poison labels so that they will learn to identify them.

7. Make a Bingo game using poison labels.

8. Read warnings from labels on empty paint cans, cleaning fluids, glue tubes, etc., and explain meaning to students.

9. Explain to students what they should do if they feel any unusual effect after having been exposed to any chemical substances.

10. Have students discuss safety factors concerning chemical substances with parents and older brothers and sisters.

11. Discuss rules for taking medicine.

12. Dramatize ways adults should properly dispose of old medicines and containers. Develop a letter to parents suggesting safe ways both to store and to dispose of medicine.

13. Role play idea of protecting younger child from taking medicines not meant for him.

14. Consider the reasons parents give for smoking.

15. Discussion: Do you have to smoke when you are an adult?

16. Have pupils write to the Cancer, Heart and Lung Association for smoking literature.

17. Discuss: Is smoking worth all of the risks involved?

18. Have pupils explain their feelings and understanding of smoking advertisements.

19. Have students relate personal experiences with various substances and discuss the purposes and effects of each. Explain how some substances have both good and bad effects.

20. Discuss the dangers of having too much of a "good thing". (Sunburn, etc.)

21. Collect pictures showing people affected by various conditions and substances; match each picture with its appropriate effect.

22. Have a doctor discuss the relationship of health to use of chemical substances.

23. Have children discuss the things they do and say because their friends do. Discuss how to answer friends who insist that unknown substances be used. Discuss dangers of experimenting "for fun".

24. Have children bring in pictures of all types of beverages including alcohol and make a display. Discuss the value of each and the hazards of each.

25. Teacher brings in containers that are designed to hold drugs, safety and non-safety type. Have children observe the containers and note safety difference. Discuss the need to set a good example for other children in the home.

26. Adapt Red Light-Green Light Game using edible and non-edible (poisons) substance names in place of red, green.

27. Do a child-centered play, concerning the use of non-alcoholic drinks. Example: Bar room scene, bartender, child dressed super cool saunters in and says to the bartender: "Give me a carrot juice on the rocks!" He/she stands drinking. Another child comes in: Bartender says, "What can I do for you?" "I'll have a cucumber crush!" (stands drinking) Older child comes in and asks for beer - everyone yells boo ---. Children talk older student into giving up beer - having carrot juice. Everyone cheers - another has been saved!

28. Sad - Happy Pictures

Sad	Happy
Person smoking	Athlete saying no to offered cigarette
Child drinking alcoholic drink	Child drinking carrot juice or fruit juice

29. Teach songs: "Are You Smoking," "Please Kick the Habit for Me," "Don't Light Up that Cigarette."

"Are You Smoking" - to the tune of "Brother John"

Are you smoking, are you smoking, Brother John, Brother John,
Your heart and lungs may falter, your breathing it will alter,
Put it out, put it out.

"Please Kick the Habit for Me" - to the tune of "My Bonnie Lies Over the Ocean"

My mommy is constantly smoking,
My daddy keeps lighting up too,
Little brother is constantly coughing,
While the air in our whole house turns blue.

Please mom, please dad,
Please kick the habit for me today.
Please mom, please dad,
Please kick the habit for me.

"Don't Light Up that Cigarette - to the tune of "Jingle Bells"
Don't light up that cigarette,
It is bad for you.
Put it down, don't light it up,
You'll be sorry if you do.

Smoking only slows you down,
It takes the fun away.
So don't light up that cigarette,
Let's live the healthy way.

30. Modify the games "Persuasion" (Learning Seed Co.) for use with younger children on understanding the concepts involved.

31. Read open-ended story Grandma Periwinckle.

32. Read "Medicine Chest" series from "Sick and Well" K-6 Drug Education Program, Creative Learning, Media Engineering Co., Cambridge, MA.

33. Have children compile scrapbook type books on
    a. "alcoholic beverages and acceptable alternatives"
    b. "non-smoking"

RESOURCES

Book:

The Healthful Living Program, Your Health, Level 1, Laidlaw Bros., River Forest, IL

Films:

Barney Butt, BOCES #832-277, 13 minutes; American Heart Association or from Film Library, 44 E. 23rd Street, New York, N. Y. 10010

Drugs: A Primary Film, BOCES #831-346, 9 minutes

Huffless, Puffless Dragon, BOCES #831-392, 8 minutes

Meeting Strangers, Red Light - Green Light #83298, 20 minutes

Puff the Magic Dragon, State Health Department, 84 Holland Avenue, Albany, New York 12222

Sniffy Escapes Poisoning, BOCES #831-336, 6 minutes

Tobacco: The Habit and the Hazard, filmstrip by Cathedral Films, Community project on Smoking and Health, 111 Light Court, Syracuse, New York 13210
Warning from Outer Space, Professional Arts on Smoking (FREE)

Any Boy - U.S.A. - "Mister Whiskey" WCTU, 1730 Chicago Avenue, Evanston, IL., 60201

Filmstrips and Cassettes:

Drugs and Children Series, BOCES #392-3 or from Educational Activities, 1937 Grand Avenue, Baldwin, New York 11510

Drugs, Poisons and Little Children, BOCES #392-4, 15 minutes

Squeegee Learns About Drugs - Marsh Films, 7900 Rosewood Drive, Shawnee, Mission, KS 66208

Posters:

Best Tip Yet: Don't Start, BOCES #P-75

Life is so Beautiful, Stay Alive, Don't Smoke Cigarettes, BOCES #P-73

Other Posters:

American Red Cross, Youth Division, 268 Old Country Rd., Mineola, N. Y. 11501

Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Chart:

Smoking Flip Chart - Bunny Rabbits, BOCES #CH-4

Coloring Books:

Katy's Coloring Book About Drugs and Health, National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, md, $.35 per copy, GPO SN #2704-0011

Kool Kat - Rapping With You On Drugs, BOCES #171, New York State Drug Abuse Control Commission, Box 8200, Albany, N. Y. 12203

Tuffy Talks About Medicine, BOCES #177, Aetna Life and Casualty, 151 Farmington Avenue, Hartford, CT 06115

Ditto Sets:

School Health Education Materials, Minnesota Mining and Manufacturing Co.

Added Resources:

Guide for Teaching Poison Prevention in Kindergarten and Primary Grades, Food and Drug Administration, Dept. HEW 1965, 20.4008:P.75

Additional Materials from:

National Association for Mental Health; 1800 N. Kent Street; Rosslyn Station; Arlington, VA 22209

National Institute of Mental Health; Dept. HEW; 5600 Fischers Lane; Rockville, MD 20852

American Psychiatric Association; 1700 Eighteenth Street, N.W.; Washington D. C. 200009

MENTAL HEALTH

OVERVIEW

For the young emotionally disturbed or learning disabled child, what does mental health mean? It means the security of a strong sense of identity. This identity is based on knowing one's name, age, sex, teacher's name, family, address, school, nation, and possibly, religion. Children should be helped to learn this information at the earliest age possible.

Mental health means a positive, yet realistic self image. A feeling of confidence from having met a challenge in the past is the best tool for approaching a new challenge in the future. In fact, growth and learning depend on the child's moving outside the limitations of his present experience to try new things. His concepts grow by integrating new sensations and perceptions with existing mental constructs of reality. If he is not "tuned-in" to new experiences, this is impossible.

Young emotionally disturbed or learning disabled children are sometimes made to feel that they are not as "good" as children who are not handicapped in either of these ways. They do, in fact, learn differently or with more difficulty, but they can be given a feeling of success. One way is by comparing their present performance with their past performance rather than with the performance of any other child. There always exists material on which to build a positive self image.

This unit should be coordinated with family life since one compliments the other.

OBJECTIVES

Suggested Pupil Outcomes:

1. Realize the need to think and act in a rational manner.
2. Strive to think and act in a rational manner.
3. Demonstrate interest, concern and respect for himself and others as worthwhile rational beings.
4. Display interest in each member of the immediate environment and realize that each member should be interested in the well-being of every other member. (Immediate environment includes family, school, neighborhood.)

5. Recognize a need for and observe rules for living that make a happier and healthier life for all.

6. Strive to develop and maintain satisfactory interpersonal relationships with others.

7. Identify himself/herself as a person of worth.

8. List the roles of relative members in the society as individuals and as a contributing member of their social unit.

9. Strive to understand, control and express feelings and emotions in appropriate ways.

MAJOR CONCEPTS

1. Mental growth and development tend to follow a predictable pattern and sequence; yet, each individual is unique in his physical, social and emotional make-up.

2. There are similarities and differences among living beings.

3. Physical and social environment affects living things.

4. Consideration of others' rights and property is important.

5. We have many different feelings which are part of life: sadness, loneliness, hate, fear, anger, happiness, love, security, fulfillment.

6. Our voice and actions reflect our feelings about ourselves.

7. Mental health is one aspect of total health.

8. Each individual, as a person, is very important.

9. Curiosity about our environment leads to a better understanding of the environment.

10. Everyone is different. You can do certain things well, better than others; yet, some can do things better than you.

11. Working and playing together is part of growing up.

12. Positive adaptive behavior shows emotional growth.

13. Each of us assumes various roles and responsibilities as a member of society.

14. Most adults help children to stay safe, happy, healthy, clothed, fed, and secure.

15. Some adults do not help children to stay safe, happy, healthy, clothed, fed, and secure.

16. The school/community helps children to stay safe, well and happy.

17. Sharing helps to make the environment more enjoyable.

18. Children make contributions to society.

19. There are similarities and differences in the cultures of societies in other lands.

20. We learn about our culture at home and in school.

21. Knowing ourselves helps us to live better with others.

22. Mental health is how one feels about oneself, how one feels about other people, and how one is able to meet the demands of life.

23. It is everyone's right to strive to achieve self-fulfillment as long as one does not infringe upon the rights of others.

24. Some feelings of anger and resentment expressed at appropriate times are natural.

25. Crying can be a natural outlet for emotion and it is not sex-linked.

26. Some violent emotions can be displaced to inanimate objects to avoid hurting the person directly associated with the causation of the emotion.

27. The provision for and wise use of leisure time is very important to mental health.

28. Every person needs a feeling of belonging.

CONTENT OUTLINE

I. Personality Development
   A. How is everyone unique?
      1. Everyone has his own identity
      2. Personality develops at varying rates
         a. Self-image
         b. Self-confidence
         c. Self-motivation and discovery
         d. Acceptance of occasional failure
         e. Learn decision-making
         f. Control emotions
            1. Positive release
            2. Negative release
         g. Learn compassion
         h. Know how and when to share
         i. Strive to fulfill one's potential
      3. Physical growth occurs at different rates
   B. How is everyone the same?
      1. All have basic needs which must be met
      2. All have basic emotions which are felt and need to be expressed appropriately

II. How We Learn To Live With Others
   A. Share
   B. Take turns
   C. Respect others and their property
   D. Listening to others
   E. Use proper language
   F. Help others
   G. Show consideration
   H. Be honest
   I. Be trustworthy
   J. Etc.

LEARNING AND EVALUATIVE ACTIVITIES

1. Talk about what you would like to be when you grow up.
2. Make up plays about disappointments which occur and how they can work for good.
3. Tell about things you like to do, bring to school things you have made. Teacher make up display of children's hobbies.
4. Tell how you help at home or in the neighborhood and discuss the many different ways of helping (i.e. manners, smiling, taking turn, etc.).
5. Discuss relationships with older people, younger peers, and pets.
6. Discuss how children of different backgrounds do things differently.
7. Read stories and show films that illustrate children in different behavior situations.
8. Make a list of desirable behavior practices, encourage weekly checking and ways to improve or change behavior that is difficult.
9. Have each child dictate a tape about traits they like in others, then have a class discussion.
10. Talk about times you are happy; times that you are sad (or other feelings). What causes you to feel this way?
11. Talk about what you can do when you feel upset. Discuss how you can help others when they are upset.
12. Discuss the many ways in which you can show kindness to others.
13. Teacher help children understand what is expected of them with others in classroom situations: how to wait; how to watch; how to play; how to share; how to help; how to accept a "no" or "yes" answer.
14. Discuss relationships with significant others in home and society. (Respecting property, privacy, etc.)
15. Tell how assuming responsibility for personal cleanliness and possessions can express consideration for others.
16. Discuss the difference between humor and jokes that hurt.
17. Demonstrate how our voice and facial expressions can reflect our feelings although our words may not.

18. Discuss the differences between tattling and concern.

19. Make charts: We are similar. We are different. Have children illustrate through a variety of media.

20. Discuss and observe the other ways we are alike. We all have teeth, lungs, bones, muscles, hearts, etc. We have similar feelings.

21. Dramatize the proper reaction to offers made to students by strangers.

22. A discussion about the policeman being the students' friend will be desirable at this age. A visit to the classroom by a policeman will be helpful.

23. Make a bulletin board display of people of other countries, emphasizing differences in clothes, customs. etc.

24. Have a talent or hobby show at school. Encourage the children's musical and artistic abilities. Watch for special aptitudes and skills which can be developed and channeled into constructive use.

25. Initiate creative activities in class to develop a desirable variety of social interests.

26. Draw a picture of your idea of "growing up", or a self portrait.

27. Draw a picture or make a booklet of pictures of things I like to do.

28. Have the class draw pictures depicting the various members of the society at work.

29. Encourage the pupils to act out scenes to show ways in which school peers share with one another.

30. Plan with the children picnics, birthday and holiday celebrations within school.

31. Draw pictures of things communities can do together. Display pictures of communities and write stories about what the communities are doing. Evaluate.

32. Discuss ways in which we can make living together in the classroom safer, more comfortable, friendlier, etc.

33. Draw pictures of what the nurse, teacher, school patrol do for children.

34. Discuss how children can help a new student in the classroom.

35. List with the children the school and community duties that young children may be able to assist with or assume.

36. Discuss ways children can help the teacher and other children without having some specific job assigned to them.

37. Discuss what happens when duties are not carried out.

38. Give children the opportunity to do situation pantomime of various "feelings".

39. Plan for and provide overnight camping experiences.

40. Provide stuffed animals and dolls for role-playing experience.

41. Videotape situational activities in which children role-play adaptive and non-adaptive behavior.

42. Plan ways to contribute to the environment and carry them out (i.e. picking up litter. etc.).

43. Create a mural showing how the family helps the community and how the community helps the family (i.e. civil emergencies, etc.).

44. Start "Good Deed" program similar to Scouts.

45. Discuss and plan a tour of recreational facilities in the community that are provided for members of the community.

46. Role-play scenes for understanding and relating to the expression of violent emotions.

47. Man in the street interviews - give each child opportunity to recite name, address, phone number, parents and siblings, pets' names, etc.

48. Line-up games - Ex: If your mother's name is Joan, line up; if your phone number is 673-8816, line up; continue.

49. Make child "Wanted-Posters" - Ex: Wanted for Being Himself - Johnny Jones, name, address, phone, parents, friends, favorite things. (Include personal height, weight, color of eyes, hair and distinguishing features.)

50. Make a "ME" booklet including child's picture of himself, personal characteristics, thoughts about - I am happy when; I am sad when; I feel loved when; I feel excited when; I am angry when; My favorite thing to do is; My friends are; My favorite foods are; etc.

51. Game - "Say something nice about _____." Each child has the opportunity to say something and to have something said about him/her.

52. Given a continuum YES _____ "EH" _____ NO, have each child rate how he/she feels about each objective given by teacher (i.e. strong, beautiful, ulgy, dumb, good sport, etc.) with emphasis on the fact that all feelings are correct.

Books:

Aesop's Fables, a Keith Jennison book; Franklin Watts, Inc. Publishers, 575 Lexington Avenue, New York, New York 10022

Alexander and the Terrible, Horrible, No Good, Very Bad Day, Judity Voirst; Atheneum Publishers

All About Me: Boy's Book, M.W. Hudson; Frank E. Richards Co., 1966. This book is designed to develop a youngster's positive self-image through the use of visual, auditory, factile and kinetic exercises. Available through SEIMC. FL-0038

All About Me: Girl's Book, M.W. Hudson; Frank E. Richards Co., 1966. A multisensory learning approach is used to help develop a healthy self-image in the youngster. Available through SEIMC. FL-0039

The Boy With A Problem, Joan Fassler; Behavioral Publications Inc., 1971. Johnny has a problem and it seems so big that he doesn't feel like playing, or eating or anything! When his friend takes the time to listen to him, he begins to feel better. Available through SEIMC. FL-0168

Don't Worry, Dear, Joan Fassler; Behavioral Publications Inc., 1971. Jenny is a little girl who sucks her thumb, wets her bed and stutters on some of her words. The love and warmth her family gives her help her gradually to overcome all these problems. Available through SEIMC. FL-0169

Growing Up, Growing Older, North Shore Committee on the Older Adult; Holt, Rinehartand Winston, Inc., 1964. 612
N

Happiness is a Warm Puppy, Charles M. Schulz

I Am Here, I Can Do It, My Friends and I, Muriel Stanek; Benefic Press, Chicago, Illinois, 1967. 301.42
(Set of books - Mental Health) S

Love is a Special Way of Feeling, Joan Walsh Anglund

Lucy's Secret Pocket, (About Stealing)

Monarch Butterfly, Marion W. Marcher; E.M. Hale and Company, Eau Claire, Wisconsin, 1954. 595.7
M

Books: (Con't.)

One Day Everything Went Wrong, Elizabeth Vreckin; Follett Publishing Co., New York, 1966. E V

The Old Man On Our Block, Agnes Snyder; Holt, Rinehart and Winston, Inc., New York, 1964. E S

See How It Grows, Marguerite Walters; Grossit and Dunlap, New York, 1954. E W

There's Nothing To Do So Let Me Be You, Jean Horton Berg; Westiminister Press, Philadelphia, Pennsylvania

Films:

Big People, Little People, BOCES #831-140, 9 minutes

Bike, The, BOCES #832-114, 13 minutes

Billy and the Beast, BOCES #831-343, 10 minutes

The Black Rabbits and the White Rabbits, BOCES (video cassette), 8 minutes

Butterfly, BOCES #831-183, 9 minutes

Elmer Elephant, BOCES #831-283, 8 minutes

Fairness for Beginners, BOCES #831-57, 11 minutes

Free to Be You and Me Series:
- Part I Friendship and Cooperation, BOCES #832-426, 16 minutes
- Part II Expectations, BOCES #832-427, 14 minutes
- Part III Independence, BOCES #832-428, 17 minutes

Getting Along With Others, BOCES #831-10, 11 minutes

Hopscotch, BOCES #832-141, 12 minutes

I'm Feeling Series:
- I'm Feeling Alone, BOCES #831-395, 8 minutes
- I'm Feeling Sad, BOCES #831-396, 10 minutes
- I'm Feeling Scared, BOCES #831-397, 9 minutes
- I'm Mad at Me, BOCES #831-398, 8 minutes
- I'm Mad at You, BOCES #831-399, 9 minutes

Films: (Con't.)

Little Engine That Could, BOCES #831-82, 11 minutes

Little Gray Neck, BOCES #832-162, 18 minutes

Little Hiawatha, BOCES #831-284, 8 minutes

My Friend the Fish, BOCES #832-163, 18 minutes

Three Little Pigs, The, BOCES #831-285, 9 minutes

Tortoise and the Hare, BOCES #831-286, 8 minutes

Trick or Treat, BOCES #831-287, 8 minutes

Ugly Duckling, The, BOCES #831-288, 8 minutes

Kits:

Dimensions of Personality Series, workbook and teacher guide:
Let's Begin, Kindergarten, BOCES #123-5
Now I'm Ready, Grade One, BOCES #123-6
I Can Do It, Grade Two, BOCES #123-7
What About Me, Grade Three, BOCES #123-8

DUSO Kit I, grades K-2, BOCES #123-17

DUSO Kit II, grades 3-4, BOCES #123-18

Moods and Emotions Study Prints, The Child's World, Inc., Elgin, Illinois, BOCES #123-19

Pamphlets:

Inside/Out, A Guide for Teachers, National Instructional Television Center, Suite 101, 1670 South Bayshore Blvd., San Mateo, California 94402. This guide or any parts thereof, may be reproduced with consent. All inquiries should be directed to NIT, Box A, Bloomington, Indiana 47401 Available from BOCES - in limited quantities. All video tapes available from BOCES on the 29 "Inside/Out" programs.

TEACHER RESOURCES

Materials listed below are available from the Special Education Instructional Materials Center (SEIMC) and may be borrowed by sending the publication's name and/or author(s) to the Special Education Office. Please include call number when possible. Many of these make excellent sources to which parents may be referred by teachers.

"A Child Called Noah" by Josh Greenfeld, reprinted by Higgins-McArthur, Longino & Parter Inc. and distributed by National Society for Autistic Children, Inc.

"A New Look at Childhood Autism Points to CNS Disease" by Dr. Ritrio, Changing Concepts, 1969.

A Parents Guide to Learning Problems by Margaret Golick, published by Quebec Association for Children with Learning Disabilities.

"Behavior Modification of An Autistic Child" by Eleanor R. Brawley, Florence R. Harris, K. Eileen Allen, Robert B. Fleming, and Robert F. Peterson, Mental Health Digest, 1969.

The Brain Injured Child from the Association for Brain Injured Children.

The Brain Injured Child - Cerebral Damage by Ruth Morris Bakwin, M.D., reprinted by New York Association for Brain Injured Children.

The "Brain Injured" Child - Introduction to Learning Disabilities by Dr. Lawrence Taft, printed by New York Association for Brain Injured Children.

The Brain Injured Child (The Perceptually Handicapped) by Richard S. Lewis from the National Easter Seal Society for Crippled Children and Adults.

"Counseling the Parent of the Brain-Damaged Child" by Dr. Barsch from Journal of Rehabilitation, 1971.

"Evaluation of a Specialized Nursery School Program for Emotionally Disturbed Children" by Linda Bilsky, U.S.O.E., August 1970. PR-0874

"Good Gosh! My Child Has Dyslexia" by S.V. Dauzat, Reading Teacher, V 22, N7, page 630-33, April 1969.

"Individual Learning Disabilities", Frostig, Marianne & Others, Rocky Mountain Educational Lab Corp., Denver. Spons. Agency-Office of Education (DHEW), Washington, D.C., October, 1968. Page 43 ED029 418.

"Is There a Tornado in the House" by Sally Olds from Today's Health, 1969.

Language Experience for Your Preschooler - Part 1 & 2, New York State Education Department.

"The Last Child" by Ellen Lochaya.

"Learning Disabilities - A Complex Phenomenon", J.C. Abrams, Reading Teacher, 23:299-303, 367, January 1970.

"Meeting Total Needs of Learning Disabled Children" from the Ontario Association for Children with Learning Disabilities.

Mental and Emotional Illnesses in the Young Child, from the National Institute of Mental Health, published by the U.S. Department of Health, Education and Welfare.

"Neurologically Handicapped Child: From, One Parent to Another" by Marilyn R. Coe from California Association for Neurologically Handicapped Children.

"New Approaches to the Treatment of Very Young Schizophrenic Children" by Marian K. DeMyer, M.D. and Herbert Yahraes, reprinted from Mental Health Program Reports, National Institute of Mental Health, 1971.

New York Association for Brain Injured Children News, Volume 13, No. 3.

Night Time and Your Handicapped Child: Preventive and Handling of Sleep Problems. A parent bulletin from the Special Education Instructional Materials Center at Hunter College.

"Parents in Crisis" by Mrs. Geven Johnson from California Association for Neurologically Handicapped Children.

The Parent Speaks by David G. Thomas, reprinted by the Association for Children with Learning Disabilities, 1970.

Points for Parents - Recommendations for Behavioral Management of Children with Perceptual Problems by Carol Wearne, Ed.M., from the Association for Children with Learning Disabilities.

Problems of Cerebral Dysfunctions by Maurice W. Laufer, M.D., published by New York Association for Brain Injured Children.

Recipe for Fun: Learning Activities for Young Children, Cole, Haas, Heller and Weinberg. This is an assortment of learning activities for parents to use with their children, having fun at the same time. The materials needed are those found around the house, such as egg cartons, macaroni, popsicle sticks, etc. CG

Removing Blocks to Mental Health in School, State Education Department, Albany, New York. (Suggested for faculty study of school situations that prevent optimum mental health.)

The School Day of the Learning Disabled Child by Willetta Iilva. A resource booklet with information for parents of learning disabled children.

"She Thought I Was Dumb, but I Told Her I Had a...Learning Disability" by Margaret Golick.

Some Aspects of the Characterisitics, Management and Education of the Child with Learning Disabilities (Minimal Brain Dysfunction) by Sam D. Clements, Ph.D., published by Arkansas Association for Children with Learning Disabilities Inc., 1969.

They Too Can Succeed by Doreen Kronick. A practical guide for parents of learning disabled children.

Who Is This Child? by Eileen F. Lehman and Robert E. Hall.

Your Child Has A Learning Disability...What Is It? by Beverly S. Williams. A Guide for Parents and Teachers with a Hidden Handicap, from the National Easter Seal Society for Crippled Children and Adults, 1971.

The following are some addresses to which you may wish to write if you have any questions or want additional information:

Association for Children with Learning Disabilities, Inc.
5225 Grace Street
Pittsburgh, Pennsylvania 15236

New York Association for Brain Injured Children
95 Madison Avenue
New York, New York 10016

Mental Health Materials Center
419 Park Avenue S.
New York, New York 10016

Center for Multiple Handicapped Children
105 East 106th Street
New York, New York 10029

American Schizophrenia Association
56 West 45th Street
New York, New York 10036

National Society for Autistic Children
621 Central Avenue
Albany, New York 12206

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

FAMILY LIFE

OVERVIEW

Sexuality, separation and death are surrounded in Western Culture by clouds of strong emotion. These emotions are determined not only by direct experience, but by the ethics and mores of one's nation, religion, subculture, and family. They are complex, and only fragments ever rise into conscious thought. So they are feared; and it takes courage to attempt to confront one's feelings directly. If certain topics within this unit are uncomfortable for the teacher, the teacher should seek out other consultation or professional help that will enable him/her to handle such topics at this time.

When children first enter the school setting, they reflect a variety of expressions, reactions, and behaviors. Even though the children have diverse backgrounds, all of them have participated in some sort of family unit. It is this common background of pupil experience that provides a rich opportunity for an exploration of the nature of the family, the differences and similarities between families, and the roles of the individuals within the family unit.

As children become aware of their role in the family, it is important to emphasize the relationship between their own personal growth and development and an increasing sense of responsibility to self and others, both within and outside the family setting. As development continues with mental, emotional, social and physical growth, the child's personal drives, desires, and personality become developed and satisfied. For the emotionally disturbed or learning disabled child, this process is more difficult, however. Defining and expressing drives and goals require the ability to express one's abstract ideas verbally. Abandoning the self-centeredness of early childhood requires that the child recognize the value of compromise for the well-being of the society as a whole.

Closely related to social and emotional adjustment is a child's sexual development. Sexuality is one of the most critical areas of the human personality, for the manner in which one's sexuality is directed and adjusted to the dictates of society has a direct effect on happiness and success. Ideally, the school and parents should cooperate in teaching the physiological and psychosexual facts of reproduction.

The developmentally disabled child, like all children, must learn the complex rules which govern the patterns of interaction between males and females. But the child with a mental or emotional handicap must expend greater effort in learning, not only because less is learned incidentally, leaving more to be learned in a formal way; but because the primary criterion for acceptance among members of the general population is the appropriateness of one's behavior in regard to persons of the "opposite" sex.

Death and separation are very real and traumatic experiences for children. It is felt that children should be prepared to deal with these occurrences. Loss of a parent, pet, sibling, etc. can be devastating to one's life in the family unit. The topic can not be avoided because of its unpleasantness.

Through this unit, the student should develop attitudes, knowledge, and skills which enable him to contribute effectively to his present and future family life.

This unit should be correlated with Mental Health.

OBJECTIVES

1. List the roles of each member of the family as an individual and as a contributing member of the family unit.
2. Demonstrate respect for himself and others in the family.
3. Display interest in each member of the family and realize that each member should be interested in the well-being of every other member.
4. Care for personal belongings in the home.
5. Identify and participate in individual and family recreational activities.
6. Develop and maintain satisfactory interpersonal relationships with his/her family unit and neighborhood.
7. Identify himself/herself as a person of worth within the family constellation.
8. Identify every aspect of the continuous life cycle - birth, childhood, adulthood, old age, death.
9. Realize that death is the ultimate end to all living things.
10. Distinguish between death and sleep.
11. Express feelings and emotions regarding loss of a significant other.
12. Conclude that there is a need to share love, empathy and sympathy with individuals who are experiencing an emotionally charged situation related to loss of a significant other.

13. Relate similarities and differences in appearance, interests, activities and needs between boys and girls of the same age.

14. Recognize that all living things come from other living things.

MAJOR CONCEPTS

1. Growth and development tends to follow a predictable pattern and sequence; yet, each individual is unique in these respects.
2. There are similarities and differences between boys and girls.
3. Environment affects living things.
4. Living things reproduce in many ways.
5. There must be a mother and a father before a baby can be born.
6. All animals produce babies of the same kind.
7. Living things can induce changes in their environment.
8. Young animals have a need for home, food and parental care.
9. Consideration of family members' rights and property is important.
10. Each individual, as a person, is a very important part of the family.
11. Each of us is a member of a family.
12. Each of us assumes various roles and responsibilities as a member of a family.
13. Families do many things together.
14. Sharing helps make the home a happy place.
15. Children make contributions to the family.
16. Families help others in the community.
17. The family is the basic social institution imbued with the responsibility for providing its members with the kinds of experiences which they need for their maximum physical, mental, social, emotional, and spiritual development.
18. The very involvement of a child in the joys and sorrows of the family can be a source of maturation.
19. Some feelings of anger and resentment expressed by other members of the family are natural.
20. Everyone dies.
21. Children need to be prepared for the death of a family member or pet.
22. There are certain effects of death on the remaining family members which must be discussed openly with children.

CONTENT OUTLINE

I. The Family as a Unit and a Component of a Much Larger Society
   A. What is a family and how does it relate to society?
      1. There are many similarities
      2. There are many differences
   B. What are its purposes?
      1. Transmit culture
      2. Train and educate
      3. Provide security
      4. Provide a source of love and understanding
      5. Provide recreation and other activity
   C. What are roles in the family?
      1. Father
      2. Mother
      3. Children
      4. Extended family members
         a. Grandparent(s)
         b. Aunt(s) and Uncle(s)
         c. Foster children
         d. Etc.
   D. How do we cope with the loss a significant other?
      1. Death
      2. Divorce
      3. Separation
   E. How do we cope with the addition of a significant other?
      1. New baby
      2. Adopted child
      3. Addition of a new parent image (i.e. stepmother)
      4. Grandparent living with family

II. How do living things grow?
   A. Physical growth and development changes
   B. Social interaction expands out of the family

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss things you can do now that you could not do when younger.
2. Compare differences within a family.
3. Tell how you help at home.
4. Write a story about family get-togethers, trips and celebrations.
5. Discuss relationships with brothers, sisters, mother, father in the home (respecting property, privacy, etc.).
6. Provide children with picture sheets of family members. Have children cut, color, and paste them in their family albums.
7. Discuss and draw pictures of different types of homes in which people live (small, large, trailers, apartments). Discuss what each child's home looks like.
8. Discuss the differences in families (size, types of members, etc.).
9. Ask students to talk to their father to determine what his job is, why he must have a job that will take him from his home, how this job affects him and the other members of his family. Repeat this activity with a mother to determine what her responsibilities are at home, what effect her work has on the other members of the family, what effect her working out of the home could have on the family. Have children relate the results of the discussions with parents.
10. Make a bulletin board display of parents working in different occupations.
11. Make a pictorial display of similar needs of all living things (air, light, food, rest, water, etc.).
12. Make paper dolls or posters of humans having different clothing for various seasons or for various climates.
13. Observe the birth of fish in an aquarium. Note the difference in size. Use pictures of other animal mothers and their babies.
14. Display pictures of mammals and their babies, observe ways in which all these animals are alike.
15. Share information about birth of pets at home.
16. Show class uncooked egg and a baby chick. Develop the idea that the chicken once lived in the egg and was nourished by it. Hatch eggs.

17. Observe a hamster or gerbil family with new babies. Make experience charts describing how the babies look the first day, seventh day, fourteenth day. Also chart how parents care for babies.

18. Show children packets of various vegetable or flower seeds. Plant the seeds. Observe that the seeds produce the same kinds of plants from which they came.

19. Plant cuttings from geranium or ivy plants. Discover that the new plants are the same as the one from which the cuttings are made.

20. Discuss the parental care of babies in their own homes.

21. Discuss the importance of habits of neatness, sanitation, and courtesy to others in the bathroom.

22. Use transparencies, charts, etc. picturing growth from the embryo stage to maturity.

23. Dramatize the mother and father taking care of a newborn child in the home.

24. Have children collect pictures showing the different kinds of homes used by animal and bird life.

25. Chart the developmental stages of different kinds of animal life (when did they first walk, feed themselves, leave their homes).

26. Visit a pet shop to observe how the owner handles animals. Invite a member of the SPCA to demonstrate care of pets.

27. Read stories about families in other lands.

28. Utilize exchange students (if available) to discuss family life in their countries.

29. Have children ask grandparents to tell about childhood experiences related to family.

30. Discuss neighborhood activities, cooperative projects of neighbors, PTA, Scouts, etc.

31. Plan a booklet that will use pictures from baby days to present age showing progress.

32. Have children discuss adults other than parents who take care of children - day nursery, babysitter, etc.

33. Help the children to compile a list of things at home which belong exclusively to them and another list of things which belong to everyone in the family.

34. Encourage the students to act out scenes to show ways in which the family members share with one another.

35. Ask the children to tell how they help to take care of the family property.

36. Discuss with the children plans involved in preparing for company.

37. Draw pictures of things families can do together. Display pictures of families and write stories about what families are doing.

38. Show pictures of happy families. Have children list things that make a happy family.

39. Learn games that whole families can play together.

40. Prepare a skit to show how parents help us.

41. Make a surprise gift for the parents or the home.

42. Grow two sets of plants - give one proper care and deprive the other of good soil, water, sunlight. Frequently compare and discuss results.

43. Write and illustrate the following pages for a booklet:
    How I am like my mother.
    How I am like my father.
    How I am different from my mother.
    How I am different from my father.
    Or select any relative (brother, sister, aunt, uncle, etc.) or adult.

44. List with the children the home duties that young children may be able to assist with or assume.

45. Show the film Honeymoon and discuss with the class.

46. Read the book or show and discuss the film My Turtle Died Today.

47. Show and discuss the film The Day Grandpa Died.

Books:

All Alone With Daddy, Joan Fassler; Behavioral Publishers, Inc., 1969. Ellen is a little girl who likes to be alone with her father. While her mother is away, Ellen tries to take her place in her parent's world. Available through SEIMC. FL-0167

Before You Were a Baby, Thomas Y. Crowell Company, 201 Park Avenue South, New York, New York 10003

Daddy is Home, David Blomquist, E
B

I Am Andy, Charlotte Steiner, E
S

My Turtle Died Today, Edith G. Stull; Holt, Rinehart and Winston, 1964. E
S

Nothing at All, Wanda Gag, E
G

Something New at the Zoo, Esther K. Meeks, E
M

The Baby Animal Book, Daphne Davis, E
D

The Man of the House, Joan Fassler; Behavioral Publishers, Inc., 1969. Four year old David tries to become the protector of the house while his father is on a business trip. He promises to defend his mother against all the monsters of the world. FL-0171

The True Book of Animal Babies, Illa Podendorf, Children's Press, Chicago, Illinois, 1955. 591
P

This Is My Family, Howard F. Fehr, E
F

Twins, Margaret Rush Lerner, Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401

We Want a Little Sister, Felix Mattmuller, F
MAT

Books: (Con't.)

What's Inside, (the story of an egg that hatched), May Garelick, William R. Scott Inc., New York

What is a Cell, Fred M. King and George R. Otto, 574 K

Films:

Adelie Penguins of the Antarctic, BOCES #833-33, 23 minutes

Animals and Their Homes, BOCES #831-13, 11 minutes

Baby Animals, BOCES #841-16, black and white, 10 minutes

Birth of Puppies, BOCES #832-82, 16 minutes

Care of Pets, BOCES #832-38, 13 minutes

Chicks and Chickens, BOCES #831-247, 10 minutes

The Day Grandpa Died, BOCES #831-360, 11 minutes

Families, BOCES #831-240, 10 minutes

Farm Babies and Their Mothers, BOCES #831-55, 11 minutes

Farmyard Babies, BOCES #831-56, 11 minutes

Fertilization and Birth, BOCES #831-156, 10 minutes

Gray Squirrel, BOCES #831-63, 10 minutes

Happy Little Hamsters, BOCES #832-99, 13 minutes

Honeymoon, BOCES #831-371, 9 minutes

Human and Animal Beginnings, BOCES #832-75, 13 minutes

My Mother is the Most Beautiful Woman in the World, BOCES #831-147, 9 minutes

My Turtle Died Today, BOCES #831-148, 9 minutes

What is a Family, BOCES #831-400, 8 minutes

Wonders of Plant Growth, BOCES #831-119, 11 minutes

TEACHER REFERENCES

A Baby is Born: The Story of How Life Begins, Milton S. Levine, M.D. and Jean H. Siligmann, New York, Golden Press, 1949. Written for the child 6 to 10 years of age, this is a book for parents to read with their youngsters. The story of how life begins is told objectively and directly and emphasizes the love relationship of the family unit. Available through SEIMC. PR-0204

Curriculum Guides for Family Life and Sex Education: An Annotated Bibliography, 1973. Order by code: FP#10 @ $1.00 per copy from E.C. Brown Foundation, 1802 Moss Street, Eugene, Oregon 94703

Education for Sexuality, John J. Burt and Linda A. Bower, Philadelphia, W.B. Saunders Company, 1970

Facts About Sex, Sol Gordon; New York, John Day Company, 1973.
612.6
G

On Being the Parent of a Handicapped Youth by Sol Gordon, published by New York Association for Brain Injured Children. Available through SEIMC

CONSUMER, ENVIRONMENTAL AND PUBLIC HEALTH

OVERVIEW

Concern for the environment is new to some children, especially those who have learning handicaps. Some seriously involved children tend to see themselves as the center of the universe and are very self-centered and introspective. For them it is hard to see that everyone, including themselves, must make sacrifices in order to protect an environment "out there."

For some children the environment is confusing. They have sensations from things around them, but their sensations and perceptions are somehow not neurologically unified into a meaningful whole. They may not see that throwing things out of the car window will have a very real effect on the quality of the roadside because for them the thrown objects disappear.

Still other children feel that any environment outside the realm of their immediate experience is threatening, because anything unfamiliar is threatening to them. It is hard to feel a responsibility for the earth when natural forces are perceived as evil and destructive.

How can the special education teacher help? This unit is designed to provide some answers to that question.

If practicing environmental responsibility is new to most children, playing the role of consumer is not. Handicapped children watch television as much if not more than their non-handicapped peers, and if they spend less on worthless food and worthless toys, it is undoubtedly because they have less money available to them. They may passionately believe that Bang Pop Crunchies is a cereal which will make them do well in school and have many friends, and if they don't succeed in convincing their mothers to buy it, they may be preparing to treat themselves to an entire adulthood of worthless breakfasts in revenge.

It is tremendously difficult to make handicapped children recognize false and misleading advertising, and distinguish between useful and effective consumer products and those that may be useless or even harmful. This problem is tied in with the necessity for knowing that if a physical problem exists, one should go to a doctor rather than attempt to cure one's self with non-prescription medicines. Familiarity with those individuals who can really help to protect and maintain health is essential to being a wise health consumer.

OBJECTIVES

1. Explain the concept of environment.
2. Recognize the role that the senses play in telling one about one's environment.
3. Identify ways that one must protect oneself from some parts of his environment in order to stay healthy and safe.
4. Create and maintain healthy and safe school, home, and community environments.
5. Name and be familiar with members of the school and community who work together to promote, protect and maintain safe and healthy surroundings.
6. Express in words or actions a belief that a person's neighborhood is an important place to that person.
7. Relate the meanings of health and of community.
8. Recognize familiar health problems which are the joint responsibility of individuals and groups.
9. Identify various sources of reliable and unreliable health information and advertising.
10. Distinguish some basic differences among health services, practices and products.
11. Avoid the dangers of medical neglect, self-diagnosis and self-treatment for himself and others for whom he has a responsibility.

MAJOR CONCEPTS

1. Our health is affected by our surroundings.
2. Without water and air, human life would not continue.
3. There are living and non-living hazards in our environment.
4. Your sense organs alert you to all that is going on about you.
5. Each of us can improve his environment.
6. There are ways to protect ourselves against the effects of the environment so we can live in safety, comfort, and good health.
7. The environment includes the place you live, play, work, go to school and enjoy.
8. Many people work in different places in the community to keep us well.
9. Pure food is essential to good health.
10. Many people work to keep water and air safe.
11. Many people work to protect our food.
12. Some people who help us are medical or health workers.
13. Noise has an effect on how we feel and act.
14. Protection and promotion of health is an individual and community responsibility.
15. Advertising often affects what we buy, thereby affecting our health.
16. Some advertised products can be harmful to children.
17. Use of health information, products, and services is influenced by values and perceptions.
18. Health information, regardless of accuracy, may come from various sources.
19. Much health information comes from family and friends.
20. There are people who are especially trained to keep us healthy.
21. Aerosol sprays have been shown to be detrimental to both individual health and the environment.

CONTENT OUTLINE

I. Factors in Our Environment
   A. What is our environment?
   B. How does our environment affect us?
   C. What can we do to control the environment and provide protection for all?

II. Working Together: Responsibilities
   A. School
   B. Home
   C. Community
      1. Hospital
      2. Health Department
      3. Other agencies
   D. Neighborhood

III. Health Professionals in the Community
   A. Doctors and nurses
   B. Dentists and dental hygienists
   C. Druggists and pharmacists
   D. Public health nurses

IV. How Do We Determine What Is Reliable and Unreliable Information
   A. Advertising and its influence
   B. Reading labels/following directions
   C. Following safety precautions
   D. Guidance from community helpers

V. Safety Precautions for the Young Consumer

VI. Community Helpers for the Young Consumer

LEARNING AND EVALUATIVE ACTIVITIES

1. Have class visit a dairy to inspect facilities for fresh, clean milk.
2. Investigate sanitation in a bakery; report to the class.
3. Have dietitian explain reasons for daily inspection of kitchen facilities, etc.
4. Have representatives of local industries explain to class how they cooperate to keep air and/or water clean; have class visit industry.
5. Have water department representative explain what happens to water before it reaches the home.
6. Discuss how one can tell whether or not water is clean.
7. Have students draw pictures showing ways they can best care for personal belongings.
8. Discuss individual responsibility for keeping lunchroom and playground neat.
9. Role-play a situation in which courtesy may help to improve undesirable conditions.
10. Observe the effect of prolonged exposure on foods that require special storage. Think of ways to store various foods.
11. List ways that children can help to promote good health in the community.
12. Discuss and practice the proper use and maintenance of drinking fountains and lavatories.
13. Discuss the detrimental effects of littering and improper disposal of personal trash, etc.
14. Read books pertaining to child's stay in hospital or film concerning a child's hospital experience.
15. Discuss the importance of a clean and bright home, schoolroom, etc.
16. Have students suggest ways in which the schoolroom can be improved.
17. Students collect pictures to show how proper heating, lighting, colors of walls, furniture, ventilation, etc., add to comfort.
18. Ask children to explain their feelings when on a crowded bus (room, elevator, etc.) and compare with being in a meadow or other spacious area.
19. Ask students to tell all of the ways in which water is used by man. Develop a bulletin board display showing these uses, or visit a water plant or pictures can be shown.

20. Illustrate how air carries particles too small to see by opening a bottle of aromatic material (perfume) and asking students to indicate when they first are aware of the bouquet.

21. Ask students how they know what is cooking in the kitchen when they are in a room other than the kitchen.

22. Draw pictures depicting disease germs; write a story about a germ who delights in bad health habits that help him get around the community.

23. Ask students to observe overcast conditions not due to weather; discuss the reaction this may have on people (coughing, a taste in the mouth, etc.).

24. Collect pictures of ponds, lakes, rivers, and reservoirs and ask the class whether they think it is safe to drink water out of or to swim in these places.

25. Have the school dietitian explain the necessity of the precautions taken in the kitchen and lunchroom (clean, white clothing, rubber gloves, hair nets, or hats, etc.).

26. Have students help to make posters that show good lunchroom practices. Evaluate.

27. Take the children to visit the cafeteria showing the preparations of food and how dishes are washed.

28. Have students observe sanitation procedures in the kitchen and lunchroom. Report to and evaluate with rest of class.

29. Place a tape recorder in the gymnasium, lunchroom, library, classroom, etc. Record a few minutes of noise level from each room. Ask students to explain reasons for different noise levels in different rooms.

30. Play an unfamiliar song with volume turned up while students attempt to concentrate on learning something unrelated to the song. Point out the various types of behavior that you observed during this experience.

31. Have students collect pictures of things which contribute to the noise level of our environment.

32. Discuss when noise is fun vs. when noise is irritating.

33. Visit a nearby market or discuss the reasons for packaging food, for refrigerating food, etc.

34. Discuss the pharmacist's role in filling prescriptions.

35. Allow students to tell about their visits to the local pharmacy and the many different kinds of medicine they saw there. Evaluate.

36. Discuss the importance of taking the right kind of medicine and why the pharmacist must know all about substances that make up medicine and drugs.

37. A mortar and pestle can be shown as examples of the pharmacist's tools.

38. If any children have had experiences in hospitals, a discussion of how they were helped and by whom can be used.

39. Discuss how research people are always looking for new ways to keep people healthy and how the laboratory people can help doctors.

40. Have children relate their experiences with the dentist.

41. If there is a dental hygienist in the school, have her visit and tell about the dentist's work and also her role in assisting him.

42. Ask the students to tell what they think happens to food before it comes to them in cans, frozen packages, etc.

43. Discuss how certain people inspect foods to make sure they are safe for eating.

44. Ask: Who are some of the school employees that help to keep us healthy besides the principal and teachers? How does the cafeteria worker help? Does the janitor help? If so, how? The school nurse? Dental hygienist? School doctor? The teacher?

45. Set up a child's room to point out dangers of a cluttered room.

46. Each child reports on a chore he performs daily to help keep his home clean.

47. Discuss and demonstrate proper methods for disposing of wastes; make waste baskets for home use.

48. Have children find pictures of community helpers to contribute to a bulletin board.

49. To show interdependence of living things, grow beans using different controls:
    With and without sunlight.
    With and without water.
    With and without human care.

50. Set up a display, "Being Helpful," using dolls who are carrying trash out, raking leaves, dusting, washing sink, feeding pets, baking.

51. Have each child choose two tasks to be represented by drawings; one to be "Something Easy for Me to Do," and the other "Something Hard for Me to Do." Make a chart for the pictures. Have children check off each time they practice their tasks.

52. Pantomine the various jobs that people in school have that are necessary to keep the school healthy.

53. Initiate an anti-pollution program within the classroom to have children establish rules which are beneficial to the environment.

54. Visit a real or imaginary supermarket. Look for all the things you can

find to help keep us healthy. Talk about those you think are best. Make pictures of them. Why did some products attract you?

55. Read, listen and play tapes of different commercials which advertise a certain product. What does each commercial try to make you believe? To what are the key words appealing?

56. Play a game: "I'm Thinking" of the person who mixes the medicines the doctor tells you to take, etc.

57. Have children make up slogans and commercials to present to classmates about vitamins.

58. Discuss ways in which the doctor is your friend.

59. Have class discussion about the many different ways in which children learn about health.

60. Make bulletin board display of pictures which show how choices affect health.

61. Make a mural or scrapbook and/or a mobile showing all the people and ways in which we learn health information.

62. Tell some health ideas or superstitions that have been told to you. (i.e. rub potato on a wart, etc.)

63. Discuss use of medicine (such as taking what the doctor prescribes, taking only from a responsible adult).

64. Distinguish between patent medicines and prescription medication.

65. Discuss labeling of patent medicines.

66. Act out TV commercials pertaining to health information. Have the class discuss effects on the listener, reader, recipient.

67. Request a professional from the local Consumer Health Program to give a presentation to the class on safe alternatives to aerosols.

68. Teacher brings in a small collection of alternatives to aerosols and demonstrates.

69. Discuss the rules of spraying (for adults)
    a) spray only on a calm day
    b) always spray away from you
    c) make sure no one or no pets are present

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About Miss Sue, the Nurse, Frances B. Thompson; Melmont Publishers,Inc., Chicago, Illinois, 1961

About People Who Run Your City, Newman-Sherman; Melmont Publishers, Inc. Chicago, Illinois, 1963, 352
N

A Tree is a Plant, Clyde Robert Bulla; Thomas Y. Crowell Company, New York, 1963, 582
B

The Carrot Seed, Ruth Krauss, Record: The Carrot Seed

Big City Workers, C. Urell, E. Vreeken; Follett, 331.7
U

Curious George Goes to the Hospital, Margaret Rey, Houghton Mifflin, E R

Doctor John, Frances B. Thompson; Melmont Publishers, Inc., Chicago, Illinois, 1959

Doctors and Nurses, Carla Greene; (In I Can Read Book), Harper and Row, New York, 1963

Doctor's Tools, Marguerite Rush Lerner; Lerner Publications, 241 First Avenue North, Minneapolis, Minnesota 55401, 1959

Fireman for a Day, Z. MacDonald, Milmont, 352
M

How Doctors Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1964

How Families Live Together, Malcolm Provus; Benefic Press, Chicago, Illinois, 1963, 301.42
P

How Hospitals Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1962, 362.1
M

How People Live in the Big City, Muriel Stanek and Barbara Johnson; Benefic Press, Chicago, Illinois, 1964, 301.3
S

How Schools Help Us, M. Hage, R. Ryan, Benefic, 370
H

How a Seed Grows, Helene J. Jordan; Thomas Y. Crowell Company, New York

Books - (Cont.)

How We Get Our Mail, Edith McCall; Benefic Press, Chicago, Illinois, 1961, 383
M

Jill's Check Up, Ruth Jubelier; Melmont Publishers, Inc., Chicago, Illinois, 1957

Let's Go To Vote, Agnes McCarthy; Putnam Publishers, New York, 1962, 324
M

More Friendly Helpers, E. Hoffman, J. Hefflefinger; Melmont, 331.7
H

Mr. Zip and the U.S. Mail, June Barr; Albert Whitman and Company, Chicago, Illinois, 383
B

Our Friendly Helpers, E. Hoffman, J. Hefflefinger; Melmont, 331.7
H

Our Neighborhood, R. Burkhardt, A. McGuinness; Benefic Press, 301.3
B

Plants into Seeds, Dorothy Wood; Follett Publishing Company, Chicago, Illinois, 1963, 581
W

Policemen and Firemen, L. Miner; Children's Press, 352
M

Policeman Mike's Brass Buttons, Ruth Tooze; Melmont Publishers, Inc., Chicago, Illinois, 1951, 352
T

The True Book of Trees, Illa Podendorf; Children's Press, Inc., 582
P

To Know a Tree, Thomas M. O'Brien; Holt, Rinehart and Winston, Inc., New York, 1963, 582
O

True Book of Schools, Belkin, Children's Press, 370
E

We Read About Seeds, Harold Tannenbaum; Webster Div., McGraw-Hill Book Company, New York, 1960, 582
T

You and the Neighborhood, C. Samford, E. McCall, R. Gue; Benefic, 301.3
S

You are Here, C. Samford, E. McCall, R. Gue, Benefic, 301.42
S

Films:

Air Pollution, A First Film, BOCES #831-252, 8 minutes

Buttercup, BOCES #831-300, 11 minutes

Carp in a Marsh, BOCES #831-238, 7 minutes

Communities Keep Clean, BOCES #831-204, 11 minutes

Forest Fisherman, Story of an Otter, BOCES

How About I + ?, BOCES (video-cassette), 7 minutes

Must We Have Noise?, BOCES (video-cassette), 11 minutes

Our Community, BOCES #841-33, 12 minutes

People Shop: Hospital in the Community, BOCES #832-269, 18 minutes

Uncle Smiley and the Junkyard Playground, BOCES #832-176, 13 minutes

Uncle Smiley Goes to the Beach, BOCES #832-172, 13 minutes

Uncle Smiley Goes Camping, BOCES #832-173, 16 minutes

Uncle Smiley Goes Planting, BOCES #832-174, 15 minutes

Uncle Smiley Goes Re-Cycling, BOCES #832-175, 13 minutes

Uncle Smiley Goes Up the River, BOCES #832-178, 12 minutes

Where Should a Squirrel Live?, BOCES #831-273, 11 minutes

Wonders in a Country Stream, BOCES #831-117, 11 minutes

Wonders in Your Own Backyard, BOCES #831-118, 11 minutes

Woods and Things, The, BOCES #831-277, 11 minutes

Filmstrip and Record:

Algernon, the Ambulance, International Education and Training, Inc., 1176 New Highway, Farmingdale, New York 11735

SAFETY AND FIRST AID

OVERVIEW

One of the most important problems in modern American life is the vastly increasing number of accidents from all sources. Therefore, it becomes imperative that students be helped to recognize the causes of accidents and how they may be avoided.

The learning disabled or emotionally disturbed child must be carefully taught to anticipate the possible results of any action, especially if it involves the use of tools. Teachers must remind themselves of how potentially dangerous many commonly used tools can be in order to remind students to use care in employing them.

The best first aid is preventive action, but if an accident does occur, children should be reminded to ask for help from an adult when applying a bandage on themselves.

The educable learning disabled children can be taught what to do in case of fire; and as many as can possibly learn how, should be taught to use the telephone and dial the operator for help. Finally, any child who can speak should be taught his name and phone number, so that if he is lost, authorities can reach the parents.

The challenge to the teacher is to provide the children with the information and skills which will be of most value in an emergency.

OBJECTIVES

1. Detect hazards existing in the home, school, and community.
2. Enumerate reasonable safety precautions in known hazardous situations.
3. Evaluate potential risks, use sound judgment in avoiding or coping with them and alert others to such risks.
4. Determine that some accidents are inevitable, but develop an interest in understanding how safe behavior can reduce the possibility of personal involvement, injury or death.
5. Establish the idea that accidents are caused by human and environmental factors and may result in injury, property damage or death.
6. Formulate the concept that natural and man-made environmental factors influence health and safety and that some environmental conditions can be modified and controlled.

7. Distinguish between safe and potentially hazardous activities.

8. Explain basic functions of various groups which exist to help prevent accidents and eliminate or control hazards.

9. Identify areas of risk to individual and group safety that might occur specifically during holiday time.

10. Identify areas of risk to individual and group safety that might occur during a particular season of the year.

11. Define some hazards to the pedestrian, the bicyclist, the bus passenger, and the automobile passenger.

12. Describe the major responsibilities of being a pedestrian, a bicyclist, and a car or bus passenger.

13. Demonstrate courtesy with peers.

14. Define a selected number of school safety rules.

15. Contribute toward the development of a safe school environment.

16. Identify the hazards that relate to various daily activities.

17. Illustrate relationships between human behavior and accidents.

18. Relate precautions taken to the reduction of hazards and accidents.

19. List the emergencies which may occur during the course of daily living that would require first aid.

20. Demonstrate selected ways of preventing accidents to individuals, families, and community members.

21. Demonstrate the effective use of basic first aid supplies.

22. Outline basic first aid procedures which help in saving lives and minimizing injury without endangering oneself.

MAJOR CONCEPTS

1. Safe living involves the development and use of safety precautions while recognizing the inevitability and appeal of risk taking.

2. Safe conduct to and from school becomes an individual's responsibility.

3. We should be aware of many different things when we are walking.

4. The community helps in keeping areas safe for pedestrians.

5. There are community helpers and school people concerned with children's well-being.

6. Education and planned action can save lives in hazardous situations relating to fire.

7. We can practice safety and courtesy away from school to help prevent accidents in play activities.

8. We can help others prevent accidents.

9. Play activities are fun, but must be controlled.

10. Courtesy and conduct are important for good school safety.

11. An understanding of the potential of electricity is important in establishing a safe household atmosphere.

12. There are harmful substances in certain plants, animals and products of which we should become aware.

13. Certain physical factors coupled with carelessness can be responsible for falls, and are a common danger in the home.

14. Increased freedom in play activities requires safety practices.

15. A knowledge of the cause and kind of accidents can help individuals plan for more responsible action.

16. School accident prevention depends on every individual.

17. Many home accidents can be eliminated by the action of individual family members.

18. The individual must assume responsibility for the safety of himself and others.

19. Fire prevention is part of civic and individual responsibility.

20. Knowledge and practice of safety rules in recreational activities helps prevent accidents.

21. Appropriate responses to hazardous and emergency situations should be studied and practiced.

22. A person must know what to do and what not to do and be able to carry it out in time of emergency in order to minimize human suffering and pain.

23. First aid is the immediate and temporary care rendered to a victim of an accident or sudden illness until medical aid can be obtained.

CONTENT OUTLINE

I. Traffic and Pedestrian Safety
   A. The safe pedestrian
   B. The wise automobile passenger
   C. Safety Patrol

II. School Bus Safety
   A. Safety while waiting for the bus
   B. Safe actions while boarding and riding
   C. Safe behavior when and after leaving the school bus
   D. Emergency bus drills
   E. Basic rules for bus drivers
   F. Safety regulations for school buses

III. Bicycle Safety
   A. School/community programs in bicycle safety

IV. Fire Safety
   A. Fire - benefits and hazards
   B. The causes of fires
   C. Fire drills at home and at school
   D. How to report a fire
   E. Fire protection
   F. Matches and their proper use and storage

V. Home Safety
   A. Falls
   B. Burns and scalds
   C. Electricity -a potential hazard
   D. Poisons
      1. Gas
      2. Liquids and solids
      3. The skull and crossbones
   E. Animals - know them or leave them alone
   F. Neighborhood hazards
   G. Miscellaneous hazards in the home
   H. Obtaining help in emergencies

VI. School Safety
   A. School routine
   B. Handling tools, scissors and other sharp objects
   C. Tricks, tripping and roughness -not always funny
   D. Safe behavior in the lunch room
   E. Safety in the school environment
   F. Safety on the playground
      1. General rules to follow
      2. Swings are for swinging
      3. Monkeying around on the monkey bars
      4. Slides can be slippery and hazardous
      5. Running can be safe and fun
   G. Lavatory behavior

VI. School Safety (Cont.)
- H. Auditorium and rules of conduct
- I. Gymnasium safety
- J. Shop rules

VII. Winter Safety
- A. Sledding
- B. Skating
- C. Snowballing
- D. Snowmobiling

VIII. Spring and Summer Recreational Safety
- A. Kite flying
- B. Baseball and softball
- C. Swimming
- D. Boating
- E. Camping and hiking
- F. Nature's hazards
  1. Snakes
  2. Poisonous plants
  3. Thunder and lightning storms

IX. Safety on the Holidays
- A. Halloween
  1. Costumes
  2. Trick or treat
  3. Alternatives to masks
- B. Christmas
  1. Making your tree a safe one
  2. Decorations - pretty, but safe
- C. Independence Day

X. A. Basic principles
  1. Sending for help
     a. Doctor
     b. Police, fire or emergency squad
     c. Poison Control Center

B. Basic Procedures for Minor Injuries

LEARNING AND EVALUATIVE ACTIVITIES

1. Make bulletin board displays on safety in and around the school.

2. Make up safety riddles, "Carry me with my point down."

3. Make a display of toys or small play equipment which can be dangerous if not correctly used. (Marbles, hard balls, jump ropes, sling shots, BB guns, dart games, bows and arrows, etc.) Discuss why each may be dangerous. (Much teacher control needed.)

4. Have the class develop some rules of "safe play" (marbles and other objects kept out of the mouth, nose, ears; not to run with pointed objects; not to throw hard objects). Video tape and play back to pupils.

5. Discuss taking turns.

6. Dramatize what to do if a ball rolls into the street.

7. Discuss the safe place and way to use a kite; what materials to use for flying a kite.

8. Draw and discuss pictures of places or things to avoid during play (railroad tracks, bridges, refrigerators, plastic bags, caves).

9. Demonstrate care of minor injury. Discuss importance of adult guidance and reporting all injuries no matter how small.

10. Make holders for scissors, needles and other sharp tools. (Paint spools, corks, etc.) Practice the correct use of hammer, saw, screwdriver.

11. Make map of school area showing safe places for play and recreation.

12. Discuss water and boat safety.

13. Demonstrate how to act in case of a home fire (getting out of building, alternate routes, getting brothers and sisters out, getting adult help, calling fire department).

14. Demonstrate how to roll up in blanket if on fire.

15. Discuss why an adult should always be present when they are near an open fire.

16. Demonstrate making a fire extinguisher by putting vinegar in a bottle, adding a small amount of baking soda, which has been wrapped in tissue - put in a stopper (rubber) with a pipette in bottle, turn upside down, and aim mixture into a pail or sink.

17. Demonstrate how to put out a campfire with dirt, sand, water.

18. Discuss the safe use of candles at celebrations. (Include sparklers) Discuss holiday safety tips at appropriate times of the year. Have children develop bulletin board display illustrating these points.

19. Visit a fire house.

20. Visit the scene of a recent fire in the neighborhood.

21. Discuss behavior during a school fire drill.

22. Make receptacles for matches.

23. Conduct simple experiments to show flammability of materials and effects of draft on fire.

24. Demonstrate that a rubber-backed rug will not slip as easily as one that is not rubber-backed.

25. Discuss what could be results of skates, pencils, marbles left on stairs or floors.

26. Demonstrate the difference in slipperiness of a dry and wet basin to show hazards of tub and shower and accident prevention measures.

27. Have children make a collection of magazine pictures to be used in a chart depicting household products which may be dangerous; assemble pictures by rooms in a house (bathroom, laundry, etc.).

28. Make a display of plants to avoid (pictures or illustrations). Survey local neighborhood to see how many grow in your area; discuss eating strange berries. Should be done by naturalist.
Some common poisonous plants include:

Bulbs of:	hyacinth
	narcissus
	daffodils
	autumn crocus
	Star-of-Bethlehem
Leaves of:	poinsettas
	lilies of the valley
	rhubarb
	oleander
	bleeding heart
Berries of:	mistletoe
	Daphne
	yews
	Jessamine
All parts of:	laurels
	elderberry
	buttercups
	rhododendrum
	azaleas
	Jack-in-the-pulpit

29. Discuss poison symbol. Construct cabinet made of heavy paper, place in it drawings of all things that may be poison. Discuss taking medicine.

30. Make a display of poisonous animals and insects.

31. Discuss simple safety rules regarding electric light cords, sockets, and use of small appliances.

32. Discuss danger of turning on lights or touching electrical appliances when hands or feet are wet.

33. Discuss electrical storm hazards.

34. Have children make drawings of every room in house to show people in act of having accident.

35. Make up safety slogans.

36. Discuss horseplay in any situation.

37. Demonstrate static electricity (walking on wool carpet, combing hair, stroking cat's fur, etc.).

38. Develop a chart "code of conduct" made by the class after a discussion of individual responsibility in accident prevention (following rules, informing teacher when equipment is worn or broken, etc.). Evaluate.

39. Discuss what to do if an accident happens at school or home when there is no adult present.

40. Dramatize how the lack of courtesy may cause confusion and danger on stairs, at drinking fountain, etc., and cause others to have accidents.

41. Use creative writing, puppet demonstrations and flannel board characters to develop the idea of respect for others' safety.

42. Discuss meaning of courtesy in relation to concern for the other person and safety for others. (No tripping, shoving, etc.)

43. Have children make posters showing do's and don't's of good housekeeping practices of what happens when floor is not tidy and clean, etc.

44. Discuss reasons for laws and regulations regarding safety and the need to follow them.

45. Have children make a "Be Careful" scrapbook with pictures of hazardous situations or places. Also use pictures of people doing dangerous things or using dangerous objects. Opaque projector may also be used to project pages to the entire class for discussion.

46. Prepare a list of safety rules for use when riding the school bus; or dramatize by arranging chairs to represent school bus. Show correct way of boarding, riding, leaving, and crossing in front of bus. Include emergency evacuation. Use a real bus if possible.

47. Have children make posters of school bus rules; street signs; how to cross streets correctly. Prepare posters in art class for the National Safety Poster Contest sponsored by the AAA.

48. Discuss safety problems encountered while going to and from school. Include meaning of safety signs - danger, stop, slow, school, railroad, etc.

49. Have children make pictures of a safety patrol child doing his job. Discuss why they need to be obeyed.

50. Make traffic signal box (milk carton covered with paper with appropriate colors). Mount on stick and play traffic games.

51. Set up traffic situations and illustrate rules for pedestrians. Invite a policeman to visit class to help with discussion.

52. Make list or booklet of animals they may encounter on way to school; how and when they could be dangerous, what to do if bitten.

53. Discuss why pupils should not talk to strangers or accept anything from them.

54. Establish rules of what they should do when approached by strangers.

55. Draw or mark off a street on classroom floor, use toy cars to demonstrate dangers of walking out between parked cars, stepping off curbs without looking and turning cars, especially righthand turns.

56. Have children make posters showing dangers of jaywalking. Evaluate.

57. Discuss car passenger safety (seat belts; do not disturb the driver).

58. Have a member of a snowmobile club visit class to discuss safety pointers.

59. Darken room and have pupils dressed in various colored clothing walk in front of room. Be sure to have one pupil wear white. Discuss which colors are more easily seen and the correct way to walk along streets or highways that do not have sidewalks.

60. Write or tell short stories on "How to be a Good Pedestrian."

61. Discuss how behavior should be adjusted to meet unexpected weather hazards.

62. Invite a fireman to explain why we have fire drills. Have actual practice of both fire and civil defense drills. Select alternate routes from class, lunchroom, lavatories. Correlate with national fire prevention week. Demonstrate how to extinguish burning clothing.

63. Schedule visit to fire station with fireman or chief.

64. Interview policeman, nurse, bus driver, school patrol members, etc. about their help in safety.

65. Visit nurse's office to find out how children who are injured are helped.

66. Dramatize "lost child game;" one child is lost and another is policeman. (Each child review home address, telephone number, and name. Learn how to use phone.)

67. Demonstrate how to use slides, swings, teeter-totters, etc.

68. Demonstrate typical safe play situations and those containing common accident hazards.

69. Emphasize falling and running hazards.

70. Plan safe games for playground use.

71. Learn proper and safe use of equipment, materials, such as scissors, tricycle, blocks, wagon, lunch trays.

72. Make a list of the wheeled vehicles the children own. Discuss where they may be used safely. (Skateboards, scooters, roller skates, etc.)

73. Make charts showing how left and right change as direction changes; correlate it to behavior in halls and on stairs. Teach behavior in halls and on stairs.

74. Demonstrate how to walk up and down stairs; one step at a time; opening doors; controlled rate of walking; going around corners; staying to the right, etc.

75. Demonstrate entering and leaving building (avoid pushing, shoving, tripping, single file, doors properly opened, shoes tied, hats off eyes, etc.).

76. Demonstrate conduct and courtesy in use of drinking fountain, lavatory.

77. Make a safety scrapbook with children's drawings and/or pictures out of magazines and newspapers.

78. Make puppets and plan a puppet show on "safety."

79. Put on a dramatic play showing safe way of doing things for other classes or parents to see.

80. Have a member of local police department explain rules and regulations concerning equipment and operation of bicycle.

81. Draw up a plan of grounds and buildings, pointing out areas considered unsafe.

82. Organize a "clean-up the playground" period to remove hazardous objects.

83. Discuss and list safety rules for equipment used on your school playground and in sports activities.

84. Make a card for home use listing telephone number of fire and police departments, ambulance, family doctor, nearest relative, and poison control center.

85. Discuss the following in relation to camping; fire hazards, drinking water, axe and knife safety, hiking, poisonous plants, wild animals, getting lost in woods, keeping and leaving a clean campsite.

86. Show how changes in our way of living bring about new hazards and how old hazards disappear (curling irons, drying hair in oven, being kicked by horse, using ice picks, kerosene lamps, etc.).

87. Prepare original plays involving safety rules and precautions.

88. Make cartoon drawings depicting safety at home.

89. Complete a home fire hazard check list and make as many corrections as possible.

90. Make posters of swimming rules.

91. Put up bulletin board display illustrating safe swimming practices.

92. Have pupils give oral reports on local swimming areas that are safe.

93. Demonstrate what to do and what not to do when someone else is in trouble in the water.

94. Discover means of personal protection in case of fire.

95. Plan a first aid kit for home, automobile, camping, or hiking.

96. Have a demonstration of techniques by boy scouts and girl scouts who are qualified in first aid.

97. Discuss and practice safety procedures for your school, for natural phenomena which might occur in your immediate area.

98. Discuss the increased likelihood of accidents due to inclement weather.

99. Develop bike training sessions.

Books:

Bicycle Blue Book, The Goodyear Tire and Rubber Company, Akron, Ohio 44316

Bicycle Drill Team, Instructor, February, 1973; P.O. Box 6099, Duluth, New Mexico 55806

Bicycle Safety Packet, Bicycle Institute of America, 122 East 42nd Street, New York, New York 10017

Bicycle Safety Packet, Cycling Activities Department, 1856 North Kostner Avenue, Chicago, Illinois 60639

Bicycle Safety Packet, Deutsche Verkehrswacht, Plantanenweg, Bonn/Buel, West Germany

Bicycle Safety Packet, National Safety Council, 425 North Michigan Avenue, Chicago, Illinois 60611

Bus Safety Curriculum Guide, Fred Monnes and Pat Tricano (available from BOCES)

Curious George Rides a Bike, H.A. Rey E R

Instructor Safety Poster, Instructor, April, 1973

Safe Living, A K-6 Scope and Sequence Booklet, Board of Cooperative Educational Services, 125 Jericho Turnpike, Jericho, New York 11753

Films:

A Chance to Save a Life, Boy Scout Office, Central Avenue, Cortland, or Civil Defense Office, Court House

And Then It Happened, BOCES #832-229, 18 minutes

Can I Help?, (from Inside/Out Series), BOCES (video cassette), 15 minutes

Fire: Sound the Alarm, BOCES #831-364, 11 minutes

In Case of Fire, BOCES #842-24, 20 minutes

Liquids Can Burn, BOCES #832-319, 13 minutes

Meeting Strangers: Red Light, Green Light, BOCES #832-98, 20 minutes

One Got Fat, BOCES #832-200, 15 minutes

Films - Cont.

Our Community, BOCES #841-33, 12 minutes

Primary Safety: On the Way to School, BOCES #831-378, 11 minutes

Safe In the Water, BOCES #832-332, 15 minutes

Safest Way, The, BOCES #842-53, 20 minutes

Safety Adventures Out of Doors, BOCES #831-174, 11 minutes

School Bus Safety With Strings Attached, BOCES #843-25, 28 minutes

Shelter Construction in Winter, BOCES #832-235, 14 minutes

Survival Kit Part I, BOCES #831-329, 10 minutes) teacher should preview
Survival Kit Part II, BOCES #831-330, 10 minutes)

HEN:

Fire Safety Materials, BOCES #HN-12